

DOCTORAL THESIS

Psychodynamic Music Therapy and the Work of Classroom Practitioners working with Children with Complex Needs in Belarus.

Margetts, Lisa

Award date:
2018

Awarding institution:
University of Roehampton

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal ?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Psychodynamic Music Therapy and the Work of Classroom

Practitioners working with

Children with Complex Needs in Belarus.

by

Lisa Margetts MA, GMusRNCM (Hons)

**A thesis submitted in partial fulfilment of the requirements for
the degree of PhD**

Department of Education

University of Roehampton

Abstract

Permission has been gained from Children's Rehabilitation Centre, Minsk and from the relevant authorities in Belarus to use the name of the Centre in this thesis.

This research explores the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's theory of defectology. It considers whether and in what ways those practitioners are able to assimilate Winnicott's theories, and their usefulness in supporting classroom-based work with children with complex needs. Finally, the research explores perceived changes in relationships between staff and children arising from this experience, in accordance with CRC's self-identified need for support in this area. A mixed-methods design was adopted, employing qualitative and quantitative research methods. Winnicott's theories provide the framework for the development of a new evaluation instrument. This gives the theoretical structure for a specifically designed staff development programme, integrating teaching, experiential work and practice-based sessions, which was central to the fieldwork at CRC. Eight staff participants evaluated their usual musical interaction with a child with complex needs (pre-intervention). Following engagement with the staff development programme (intervention), participants undertook ten individual music sessions with the same child (post-intervention). Sessions were filmed, and two self-chosen extracts pre- and post-intervention were self-rated against the descriptors of the evaluation instrument. Participants then reflected on the experience with the child in interviews. To provide triangulation, the same 16 video extracts were randomised, and then rated in the same way by 16 UK music therapists in an online study. Thematic analysis of data shows that the experience of Winnicott's 'holding' in the learning process enabled participants to attune to, and empathise with the child. Quantitative analysis shows consequent adaptation to the child. It is concluded that Winnicott's theories are accessible, relevant and applicable within classroom practice at CRC, to support the establishment and development of positive relationships between staff and children.

Table of Contents

Abstract.....	1
Table of Contents.....	2
List of Figures.....	11
List of Tables.....	14
List of Appendices.....	15
Acknowledgements.....	16
1 Chapter One: Background and outline of the thesis.....	17
1.1 Background to the research.....	17
1.2 Theoretical Context.....	18
1.2.1 Psychodynamic music therapy.....	18
1.2.2 Introduction to Winnicott’s theories of the holding environment and play.....	21
1.3 Research context.....	23
1.3.1 Belarus.....	23
1.3.2 Overview of special education in Belarus.....	25
1.3.3 Structure of special education in Belarus.....	26
1.3.4 Development Centres.....	28
1.4 Foundations for the research at CRC Minsk.....	29
1.5 Outline of the thesis.....	30

2 Chapter Two: Literature Review	32
2.1 Introduction: Ecological systems theory.....	32
2.2 Microsystem: The child with complex needs and the classroom practitioner.....	34
2.2.1 The child with complex needs and the primary care-giver.....	35
2.2.2 The child with complex needs and the family.....	37
2.2.3 The teacher-pupil relationship.....	40
2.3 Mesosystem: Children’s Rehabilitation Centre Minsk.....	43
2.4 Exosystem: Defectology.....	46
2.4.1 Socio-historical development of defectology.....	46
2.4.2 Defectology and L S Vygotsky.....	47
2.4.3 Defectology and Soviet ideology.....	49
2.4.4 Training of defectologists.....	52
2.5 Macrosystem: Sociocultural context of Belarus.....	54
2.5.1 Historical background.....	54
2.5.2 Societal and family life in Soviet and post-Soviet Belarus.....	57
2.6 Collective trauma.....	63
2.6.1 Traumatic experience.....	63
2.6.2 Collective trauma.....	64
2.6.3 Trauma and music therapy.....	72
2.7 Music therapy special school consultation and skills sharing in the UK and overseas.....	75
2.7.1 Music therapy consultation in special education.....	75

2.7.2 Music therapy-based skills sharing in schools in the UK and overseas.....	77
2.8 Research questions.....	79
3 Chapter Three: Methodology.....	80
3.1 Introduction and summary of the aims of the research.....	80
3.2 Rationale for Research Methodology.....	80
3.2.1 Evidence based practice.....	80
3.2.2 Philosophical considerations.....	83
3.3 Research design.....	84
3.3.1 Convergent mixed methods research design.....	84
3.4 Methodological challenges.....	87
3.4.1 Recruitment of staff participants.....	87
3.4.2 Environmental pressures.....	88
3.4.3 Translation.....	88
3.4.4 Bias and rigour.....	91
3.4.5 Outcome measurement tools.....	92
3.5 Ethical Challenges.....	93
3.5.1 Outsider research.....	93
3.5.2 Issues of trust.....	95
3.5.3 Respect for the autonomy and dignity of persons.....	95
3.5.4 Disruption.....	96
3.5.5 Informed consent.....	97
3.5.6 Exploitation.....	99
3.5.7 Confidentiality.....	100

3.6 Fieldwork site and entry permissions.....	100
3.7 Participants.....	102
3.7.1 Recruitment.....	102
3.7.2 Demographic: CRC staff participants.....	105
3.7.3 Demographic: CRC child participants.....	105
 4 Chapter Four: Development of the Evaluation Instrument	109
4.1 Introduction.....	109
4.2 Rationale for the development of a new evaluation instrument.....	109
4.2.1 Existing outcome measurement systems.....	109
4.3 Theoretical framework of the evaluation instrument.....	116
4.3.1 Introduction.....	116
4.3.2 Winnicott's theories of holding and play.....	118
4.3.3 Attachment, children with complex needs and Winnicott.....	119
4.4 Design of the evaluation instrument.....	121
4.4.1 Overview.....	121
4.4.2 Framing constructs of the evaluation instrument.....	125
4.4.3 Elements of the evaluation instrument.....	127
 5 Chapter Five: Research Fieldwork.....	145
5.1 Introduction.....	145
5.2 Context.....	146
5.2.1 Context for participating classroom practitioners at CRC Minsk.....	146

5.2.2 Considerations of the impact of psychodynamic music therapy-based thinking for CRC staff participants.....	146
5.2.3 Role and standpoint of the researcher.....	150
5.3 Design of the Fieldwork.....	151
5.3.1 Structure.....	151
5.3.2 Form and content.....	153
5.4 Principal Considerations.....	156
5.4.1 Valuing of roles and expertise.....	156
5.4.2 Understanding of the method.....	158
5.4.3 Language and structure.....	159
5.4.4 Space and time to reflect.....	161
5.4.5 Creativity and playfulness.....	163
5.5 Content and delivery of the research fieldwork.....	164
5.5.1 Overview.....	164
5.5.2 Theoretical teaching.....	166
5.5.3 Observation and listening.....	176
5.5.4 Experiential learning.....	180
5.5.5 Musical play.....	182
5.5.6 Practice-based sessions.....	186
5.6 Support package.....	188
5.6.1 Overview.....	188
5.6.2 Project folder and materials.....	189
5.6.3 Workshop Group.....	189
5.6.4 Training Manual.....	191
5.6.5 Face to face supervision.....	192

5.6.6 Online supervision.....	192
5.7 Data Collection.....	193
5.7.1 Overview.....	193
5.7.2 Pre-intervention data collection: Research Phase 1.....	194
5.7.3 Intervention: Research phases 2 and 3.....	196
5.7.4 Post-intervention data collection: Research Phase 4.....	197
5.7.5 Triangulation: UK online study.....	202
5.7.6 Phase 5: Dissemination of findings.....	204
5.8 Analytical procedures.....	204
5.8.1 Overview of analytical procedures.....	204
5.8.2 Data Analysis Stage 1: Qualitative analysis.....	206
5.8.3 Data Analysis Stage 2: Quantitative and qualitative analysis.....	209
5.8.4 Triangulation: Quantitative analysis.....	211
5.8.5 UK participants: Qualitative analysis.....	211
5.8.6 Integration summary.....	212
6 Chapter Six: Qualitative data analysis Stage 1 Results	213
6.1 Introduction.....	213
6.2 Research Question 1.....	215
6.2.1 Current context for classroom practice at CRC Minsk.....	215
6.2.1.1 Phase 1: Results-driven culture.....	215
6.2.1.2 Phase 1: Openness to new thinking.....	217
6.2.1.3 Phase 4: Results-drive remains, but beginning to make space.....	217
6.3 Research Question 2.....	219
6.3.1 Stance in thinking about and relating to the child.....	220

6.3.1.1 Phase 1: Reaction and observation.....	220
6.3.1.2 Phase 1: Beginning to view the child differently.....	221
6.3.1.3 Phase 4: Accepting the child as they are.....	222
6.3.1.4 Phase 4: Reflecting on behaviour as communication.....	223
6.3.2 Accessibility of Winnicott's theories of the holding environment and play.....	225
6.3.2.1 Phase 1: New approach requiring effort.....	226
6.3.2.2 Phase 1: Conflicted emotional responses to the offered method...	226
6.3.2.3 Phase 4: Natural processes.....	229
6.3.2.4 Phase 4: Conscious application of holding within music sessions...	230
6.3.2.5 Phase 4: Conscious transfer of skills into classroom practice.....	231
6.3.3 Winnicott's "holding" in the learning process.....	232
6.3.3.1 Phase 4: Object presenting.....	233
6.3.3.2 Phase 4: Supervision and peer support.....	234
6.3.3.3 Phase 4: Looking back and reflecting.....	235
6.4 Research Question 3.....	237
6.4.1 Creating space for the child inside oneself.....	238
6.4.1.1 Phase 1: Emotional insight emerging.....	239
6.4.1.2 Phase 4: Using oneself as an instrument.....	240
6.4.1.3 Phase 4: Reduced tension between adult and child.....	241
6.4.1.4 Phase 4: Trust developing in the relationship.....	243
6.4.2 Identification.....	245
6.4.2.1 Survival and exhaustion.....	245
6.4.2.2 Phase 4: Being able to identify with the child.....	246
6.4.2.3 Phase 4: Guilt and regret.....	247

7 Chapter Seven: Integrated quantitative and Stage 2 qualitative data

results	249
7.1 Introduction.....	249
7.2 Integrated quantitative and qualitative data results.....	251
7.2.1 Element 1.....	251
7.2.2 Element 2.....	257
7.2.3 Element 3.....	264
7.2.4 Element 4.....	269
7.2.5 Element 5.....	277
7.2.6 Element 6.....	285
7.2.7 Element 7.....	291
7.2.8 Element 8.....	300
7.2.9 Element 9.....	307
7.2.10 Element 10.....	313
7.3 UK music therapist participants: Results of Chi Square test.....	321

8 Chapter Eight: Discussion

8.1 Overview	323
8.2 The research questions.....	323
8.2.1 Research question 1.....	323
8.2.1.1 Background.....	324
8.2.1.2 The uniqueness of the child.....	325
8.2.1.3 Secondary impairment.....	328
8.2.1.4 Dialogic learning.....	329

8.2.2 Research question 2.....	331
8.2.2.1 Overview.....	332
8.2.2.2 Discussion of integrated quantitative and qualitative results....	334
8.2.3 Research question 3.....	341
8.3 Holding and potential spaces at CRC Minsk.....	344
8.3.1 Overview.....	344
8.3.2 Impact of research context.....	345
8.3.3 Researcher and staff participants.....	347
8.3.4 Researcher, translator and research assistant.....	352
8.3.5 Staff participants: The Workshop Group.....	354
8.3.6 Staff participants and children with complex needs.....	355
8.3.7 Learning.....	355
8.4 Strengths and limitations of the study.....	357
8.4.1 Internal validity.....	357
8.4.1.1 Bias.....	357
8.4.1.2 Reliability of the evaluation instrument.....	362
8.4.1.3 Ethical issues.....	364
8.4.2 External validity.....	365
8.5 Future research.....	366
9 CHAPTER 9: Conclusion	369
9.1 Conclusion.....	369
References.....	379
Appendices.....	396

List of Figures

Figure 2:1 Bronfenbrenner’s Ecological Systems Theory model (adapted).....	34
Figure 2:2 Soviet propaganda poster: “We serve the nation!” Source: https://www.pinterest.co.uk/pin/111604896995808161/ Accessed 18 th November 2017.....	58
Figure 2:3 Ecological systems theory model 1: CRC Minsk.....	61
Figure 3:1 Mixed methods data collection and analysis.....	86
Figure 3:2 Children’s Rehabilitation Centre Minsk.....	102
Figure 5:1 Research fieldwork structure flow diagram.....	152
Figure 5:2 Evaluation instrument wheel model.....	154
Figure 5:3 Fieldwork design wheel model.....	155
Figure 5:4 Valuing of roles and expertise wheel.....	157
Figure 5:5 Why we are all musical wheel model.....	160
Figure 5:6 “Yellow brick road” closing reflective exercise of research Phase 4.....	162
Figure 5:7 Boundaries and structure wheel model.....	170
Figure 5:8 Elements of playfulness wheel model.....	174
Figure 5:9 Knowledge and skills wheel model.....	188
Figure 6:1 Stage 1 qualitative analysis thematic map.....	214
Figure 7:1 Comparative distribution of quantitative results Element 1: Belarusian participants.....	252
Figure 7:2 Comparative distribution of quantitative results Element 1: UK Participants.....	255
Figure 7:3 Comparative distribution of quantitative data Element 2: Belarusian participants.....	259

List of Figures (cont'd)

Figure 7:4 Comparative distribution of quantitative data Element 2: UK participants.....	262
Figure 7:5 Comparative distribution of quantitative results Element 3: Belarusian participants.....	264
Figure 7:6 Comparative distribution of quantitative results Element 3: UK Participants.....	268
Figure 7:7 Comparative distribution of quantitative results Element 4: Belarusian Participants.....	270
Figure 7:8 Comparative distribution of quantitative results Element 4: UK Participants.....	275
Figure 7:9 Comparative distribution of quantitative results Element 5: Belarusian Participants.....	278
Figure 7:10 Comparative distribution of quantitative results Element 5: UK Participants.....	282
Figure 7:11 Comparative distribution of quantitative results Element 6: Belarusian Participants.....	285
Figure 7:12 Comparative distribution of quantitative results Element 6: UK Participants.....	289
Figure 7:13 Comparative distribution of quantitative results Element 7: Belarusian Participants.....	292
Figure 7:14 Comparative distribution of quantitative results Element 7: UK Participants.....	297
Figure 7:15 Comparative distribution of quantitative results Element 8: Belarusian Participants.....	300

List of Figures (cont'd)

Figure 7:16 Comparative distribution of quantitative results Element 8: UK	
Participants.....	304
Figure 7:17 Comparative distribution of quantitative results Element 9: Belarusian	
Participants.....	308
Figure 7:18 Comparative distribution of quantitative results Element 9: UK	
Participants.....	311
Figure 7:19 Comparative distribution of quantitative results Element 10: Belarusian	
Participants.....	313
Figure 7:20 Comparative distribution of quantitative results Element 10: UK	
Participants.....	317
Figure 8:1 Comparative percentage increase in higher value scores (1,2) pre- and post-intervention: Belarusian and UK participants.....	336
Figure 8:2 Comparative percentage majority of post-intervention higher value scores in Phase 1: Belarusian and UK participants.....	339
Figure 8:3 Comparative percentage majority of post-intervention higher value scores in Phase 4: Belarusian and UK participants.....	340
Figure 9:1 Ecological systems theory model 2: CRC Minsk.....	373

List of Tables

Table 2:1 Defectological Curricula in Soviet Union (1977) and Belarus (2003).....	53
Table 3:1 Mixed methods methodology in respect of the research questions.....	85
Table 3:2 Demographic: CRC staff participants.....	104
Table 3:3 Demographic: CRC child participants.....	106
Table 4:1 Sources consulted in the development of the evaluation instrument.....	110
Table 4:2 Evaluation Instrument: What to look for in the child's responses.....	123
Table 4:3 Evaluation Instrument: What to look for in the adult's responses.....	124
Table 5:1 Summary of theoretical teaching sessions research Phase 2:2.....	168
Table 5:2 Likert scale used in Phase 4 data collection.....	199
Table 5:3 Summary of analytical procedures.....	205
Table 5:4 Summary of elements of the evaluation instrument.....	209
Table 7:1 Summary of elements of the evaluation instrument.....	250
Table 7:2 Element 1: Integrated qualitative data summary.....	253
Table 7:3 Element 2: Integrated qualitative data summary.....	260
Table 7:4 Element 3: Integrated qualitative data summary.....	266
Table 7:5 Element 4: Integrated qualitative data summary.....	272
Table 7:6 Element 5: Integrated qualitative data summary.....	280
Table 7:7 Element 6: Integrated qualitative data summary.....	287
Table 7:8 Element 7: Integrated qualitative data summary.....	295
Table 7:9 Element 8: Integrated qualitative data summary.....	302
Table 7:10 Element 9: Integrated qualitative data summary.....	309
Table 7:11 Element 10: Integrated qualitative data summary.....	315
Table 7:12 Results of Chi Square test: UK Music Therapist Participants.....	322
Table 8:1 Summary of the elements of the evaluation instrument.....	335

List of Appendices

Appendix A: Back-translation of scale 2 of the evaluation instrument.....	396
Appendix B: CRC staff participant consent form for Phase 1.....	398
Appendix C: Parental consent form for participating children.....	399
Appendix D: Example of an outline of sessions for day 2 of Phase 2:2 fieldwork at CRC.....	401
Appendix E: Interview Schedule Phase 1 (pre-intervention).....	402
Appendix F: Interview Schedule Phase 4 (post-intervention).....	404
Appendix G: Example of thematic coding from Phase 4.....	410
Appendix H: Example of thematic analysis from Phase 4.....	411
Appendix J: Ethical information.....	412

Acknowledgements

I would like to thank everyone whose support and guidance have been invaluable during this undertaking.

Professors Adam Ockelford and David Hargeaves have been unfailingly present and generous with their time and expertise. Dr Julie Sutton has guided the theoretical conception and practical realisation of the fieldwork at Children's Rehabilitation Centre, Minsk, and has been unstinting in her belief in the potential for the research.

Music therapist Helen Wallace provided essential peer-support while working alongside me in the delivery of the fieldwork at CRC.

My music therapist colleagues Helen, Toby, Catrin, Anouska, Amanda, Veronica and Jenny have given constant support and encouragement.

My husband has given me all the space I have needed to complete this thesis and has been an unfailing source of encouragement, common sense and good humour, as well as having proof-read much of the work.

My parents have also proof-read several chapters, and have been a consistent source of support.

This research was financially supported by Sempre, The Music Therapy Charity, British Association for Music Therapy and The Jeremiah Colman Gift Trust.

1 Chapter 1: Background and Outline of the Thesis

1.1 Background to the research at Children's Rehabilitation Centre Minsk

The World Federation of Music Therapy (2011) ¹ states that:

Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts.

Under this definition, music therapy is currently not practised in Belarus. Following positive outcomes of introductory music therapy-based projects undertaken in 2009 at Children's Rehabilitation Centre, Minsk by the researcher and colleagues (Margetts, Wallace and Young 2013), the inter-cultural research described in this thesis was conceptualised in response to a self-identified local need and request for further input (Quin 2007, Trimble et al 2006 p. 6): "We would like you to continue cooperation and to train several trainers to spread the experience wider in Belarus" (written staff feedback document 2009).

The charity with which the researcher is employed was one of the founders of CRC. In 2003, members of the charity's staff visited a "Special Boarding School" in Belarus and met a young girl with profound cerebral palsy who became the inspiration to start an

¹*President presents: Announcing WFMT's NEW Definition of Music Therapy* Retrieved from http://www.wfmt.info/WFMT/President_presents..._files/President%20presents...5-2011.pdf

improved service for severely disabled children in Minsk. CRC was opened in 2006. Multi-disciplinary thinking with members of the founding charities suggested that music therapy might support service development. The researcher and music therapist colleagues offered two workshops at CRC during 2009, which introduced principles of using sound as communication within a model of mother-infant interaction. The aim was to build on child-centred approaches advocated by the founding charities. Video material shown of mother-infant interaction immediately resonated with staff members' experiences of interacting with their own children. Music therapists' use of this natural process as a model for musical attunement (Chapter 4) was readily understood and gave staff members confidence to begin to explore observing and following the children's lead. They described this model as 'simply clever' (Margetts, Wallace and Young 2013 pp 14–15). These responses showed that specifically *music* therapy-based research may be useful in supporting further development in staff's relationships with children with complex needs; "Music allowed us into the world of children and the children into our world" and; "When working with the children we could see how their mood was changing and their eyes started to sparkle" (written feedback document 2009). Together with the staff's request for further music therapy-based input, this feedback provided impetus for the present research.

1.2 Theoretical context

1.2.1 Music Therapy and attachment

Music therapist Sandra Wilson (1991) suggests that "Music can reach us when often nothing else can and a relationship precipitated by music has tremendous power" (p. 14).

Both music therapists and music educators agree that, whatever the orientation of the intervention, the predictability and sequencing, rhythm and structure of music can provide a “secure framework for the risky business of reaching out into the far from predictable world of other people” (Ockelford 2008 pp 142–3). This may be particularly so for children with complex needs, for whom the pace, complexity and subtlety of the communication of a fast-paced verbal world can be challenging and potentially isolating.

One of the central tenets of music therapy of all theoretical orientations is that every human being has the capacity to respond to music². Music therapists agree on the effectiveness of musical interplay to “forge an affective relationship” (Sobey and Woodcock 1999 p. 136) and that musical improvisation “reflects the dynamics of emotional relating” (Walsh Stewart 2002a p. 168, Streeter 1999 p. 12). Research using neuroimaging techniques to reveal the multi-sited nature of musical development, behaviour and learning in the brain (Welch 2016), and links between music and emotion in the brain (Grahn 2010), have been welcomed by music therapists, and has fed into the growing field of neurologic music therapy practice and research undertaken by organisations such as Chroma³ and Chiltern⁴.

Welch (2016) also argues that genetic and cultural evolutionary forces shape the human mind and brain. Ethologist Dissanayake agrees, stating that music “is not simply cultural, but also ... biological – it is part of our species” (2001 p. 159), positing that human music has its roots in the biological and evolutionary need of early ancestral mothers to bond

² <http://www.bamt.org/music-therapy/what-is-music-therapy.html> accessed 28th October 2017

³ <https://wearechroma.com/neurorehab/nmt/> Accessed 14th November 2017

⁴ <http://www.chilternmusictherapy.co.uk/> Accessed 14th November 2017

affectionally with their infants. This view of the fundamental importance of the earliest communication between mother and infant to human musicality and responsiveness resonates with that of music psychologists Hargreaves, MacDonald and Miell (2011), who state that “music plays a vital role in the earliest and most bonding relationship that is developed throughout our lives, namely that with our parents” (p. 5).

Attachment theorists from the fields of developmental psychology (Provenzi et al 2015, Fox and Rutter 2010, Sroufe 1996), neurobiology (Siegel 2003, Porges 2001) and psychobiology (Schoore 2001) agree on the vital importance of secure caregiver-infant attachment to healthy psychological and emotional development, the balancing of arousal levels in response to stimulation and the ability to organize behaviour. Fox and Rutter (2010) state that: “Infants ... are now understood to be active participants in the physical and social world that surrounds them” (p. 23). Neuroscientific advances foreground early patterns of development in the infant brain, and the role of experience in that development (ibid.). Neurological processes implicit in attachment have been identified (Siegel 2003 p. 18), as well as the impact of rupture in attachment on the developing brain (Rutter, O’Connor and ERA 2004). These areas have increasingly informed the work of music therapists and are explored further in Chapter 2 (pp 67-70).

Secure attachment is contingent upon the caregiver’s responsiveness to the infant’s cues (Pasiali 2014 p. 204). Psychoanalytic theorists such as Daniel Stern (1998) have likened the natural ebb and flow of caregiver-infant interaction to that of music. Malloch (1999) too suggests that “a mother and her infant can jointly create a musical piece – both are musical partners within their communication space” (p. 47). Recognition of these elements within mother-infant communication can inform thinking about the influence of

that first relationship upon the dynamics of the music therapeutic alliance (Edwards 2011b p. 193). Of central importance to the theoretical framework of psychodynamic music therapy is the principle that an individual's earliest experiences, usually with his mother, continue to influence ways of relating to others throughout life. What a good therapist does is identified closely with the responsiveness and attentiveness of a good mother to her infant's needs (Sobey and Woodcock 1999 p. 144).

In music therapy, there is increasing focus in research and practice on attachment (Pasiali 2014 p. 203), particularly in relation to work with rupture in the caregiver-infant dyad and with families (Jacobsen, McKinney and Holck 2014, Shoemark and Grocke 2010, Edwards 2011a, Edwards 2011b, Oldfield and Flower 2008). This will be discussed in Chapter 4.

1.2.2 Introduction to Winnicott's theories of the holding environment (1960) and play (1971)

Psychodynamic music therapy training is principally informed by psychoanalytic theory. A key component is derived from the model of infant observation developed at the Tavistock clinic in London (Waddell 2006). The writings of psychoanalytic theory-builders in child development such as Donald Winnicott (1896–1971) are therefore of particular importance. Winnicott began his work as a paediatrician in 1923 at the Paddington Green Children's Hospital. During World War II he set up and ran hostels for evacuated children who were too disturbed to be cared for in foster homes. Winnicott worked in the East End of London for many years with children and families, gaining experience of a wide cross-section of society (Phillips 2007). He is described as having the gift of communication with different people of all ages (Levinge 2015 p. 29). His belief in helping

parents to be interested in their babies as individuals is evident in his writing and public broadcasts (Winnicott 1993), and his theories of parent-infant interaction underpinned his work as a paediatrician and psychoanalyst (Phillips 2007).

Winnicott (1991) suggested that the “good-enough” mother will hold her infant’s anxiety at bay by attuning to his needs and inner states, presenting the world in manageable doses (pp 69-75) and helping him to recover from difficult experiences. The infant may thus develop a sense of continuous existence and an embryonic sense of self in a world that feels safe (1993 pp 87–93). Winnicott also called this function the “holding environment” (1960), placing it at the centre of reliable maternal care (Chapter 4). Where all goes well, the infant may begin to see the mother as separate from him or herself; to differentiate between “me” and “not me”. A space emerges that Winnicott (2005) called the “potential space”, within which play may begin. One of Winnicott’s key principles was the vital importance of play to health and wellbeing in children and adults.

He wrote:

I have tried to draw attention to the importance both in theory and practice of a third area; that of play, which expands into creative living and into the whole cultural life of man. This third area has been contrasted with inner or personal reality and with the actual world in which the individual lives, which can be objectively perceived. I have located this important area of experience in the potential space between the individual and the environment, that which initially joins and separates the baby and the mother when the mother’s love, displayed or made manifest by human reliability, does in fact give the baby a sense of trust or of confidence in the environmental factor (p. 121).

In her book entirely devoted to the realisation of Winnicott’s theories in psychodynamic music therapy practice, Levinge (2015) suggests that in music therapy, the “to and fro” quality of playing is central to the musical improvisation that takes place between the

music therapist and the child (p. 124). Sutton and De Backer (2009) further state: “Music has something distinctive to offer through its capacity to develop a space between therapist and patient, within which it is possible for one to resonate with the other” (p. 75). There is the potential for the creation of a “third space”, in which it is the qualities of the music created which speak to patients’ affective presentation, whether or not they choose to play.

In psychodynamic music therapy with a child with complex needs who was adopted by Irish foster parents from a post-communist Romanian orphanage, the music therapist observed play to be the principal relational medium which took several forms within the sessions, including story-telling and drawing as well as music: “What is important is that the [child] is playing and therefore communicating something about him or herself” (Walsh-Stewart and Stewart 2002b p. 136).

Although now over forty years old, Winnicott’s theories of the holding environment and play remain intrinsic to music therapy practice, writing and research (Levinge 2015, Annesley 2014, Haire and Oldfield 2009, Tyler 2002, Sutton 2002a). The central place of Winnicott’s theories within the research will be discussed in Chapter 4.

1.3 Research context

1.3.1 Belarus

This research assumes the centrality of sociocultural setting in the undertaking of overseas skills-sharing work with classroom practitioners (Quin 2007, Salcin-Watts 2007). Writing and research around inter-cultural competency in music therapy has increased in

recent years, offering further consideration of the knowledge, skills and qualities needed by therapists, supervisors and trainers to work successfully with the complexities of the inter-cultural environment (Wheeler and Baker 2010, Gilboa, Yehuda and Amir 2009).

Bordered by Lithuania, Poland, Russia and Ukraine, Belarus is situated on the most direct route from central and eastern Russia to Western Europe, as well as from the Baltic to the Black Sea (Sidorenko 2005 p. 480). This geographical position has contributed to repeated invasion, occupation, hardship and decimation of the Belarusian people throughout its history. Following the Russian revolution of October 1917, Belarus briefly gained independence until 1924 when it became one of the founding constituent states of the Soviet Union: the Byelorussian Soviet Socialist Republic. Lenzi (2002) states that the legacy of the Soviet totalitarian regime, together with the devastating consequences of two world wars had a profound and enduring psychological impact on the Belarusian population (p. 407). Consideration of the particular sociocultural context of this research will be presented in Chapter 2.

The population of Belarus has declined considerably in recent years with only around twenty-five per cent of births uncomplicated by pathologies (Shutova 2011 p. 2). The Child Fund International Final Report (2015) states that there are around 1.7 million children living in Belarus, 25,000 of whom are orphans. Since 2004, there has been a sixty-five per cent decrease in children living in orphanages, forty per cent of which have closed. In 2010, the President decreed that all orphanages should close and that children should live in families, (although orphanages remain operational in 2017). Irina Mironova, who chaired Child Fund International in Belarus during these changes, refers to attachment theory to endorse the development of support for families at risk, as well as

provision of foster care. She states: “We also needed to shift the attitudes among Child Protection specialists from punishing to empowering parents” (Dzesiatava 2016⁵).

1.3.2 Overview of special education in Belarus

Conducted at Children’s Rehabilitation Centre, Minsk (CRC), this research shares with music therapy-based skills sharing projects in the UK (Pethyridge 2013, Sutton 2002) and overseas (Coombes 2011, Quin 2007, 2004, Salcin-Watts 2007) the aim to support classroom practitioners in their own work by enhancing their skills in building relationships with children with complex needs.

In the UK, there is no agreed definition of complex needs in children. According to NHS Choices ⁶, a child might be described as having complex needs if they have been “diagnosed with an illness, disability or sensory impairment that needs a lot of additional support for them to live day to day”. Community Care⁷ defines children with complex needs by “either the nature of their impairment and corresponding medical support needs or the complexity of the support arrangements they require.” In Belarus, children with complex needs are described as “a particular group of children with severe multiple developmental disorders ... who, due to their disability, are unable to meet their needs and make adjustments to the environment on their own” (Konopleva and Kuntsevich 2009 p. 13).

⁵ <http://belarusdigest.com/story/most-vulnerable-child-welfare-services-belarus-25937> accessed 28th March 2017

⁶ <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/parenting-children-with-complex-needs.aspx> Accessed 31/05/2016

⁷ <http://www.communitycare.co.uk/2009/11/12/differentiated-services-for-disabled-children/> Accessed 31/05/2016

In Soviet Belarus there was no education or support for parents of children with disabilities. The familial role in child-rearing was minimised as this was considered the responsibility of the state (Chapter 2 pp 57-8). An unfortunate outcome is that many Belarusians now do not value their role as parents of learning disabled children (Vargas-Baron, Janson and Mufel 2009 p. 11). Schmidt and Shchurko (2014) note that, despite considerable effort by the authorities in post-Soviet countries such as Belarus, institutional care remains the principal option for the education of children with disabilities (p. 447). Supported by Unicef, one positive development has been the creation of family therapy groups and introduction of the Positive Parenting Programme across Belarus. To support these initiatives, the “Successful Childhood Development Centre” was opened in the Belarusian State University (Vargas-Baron, Janson and Mufel 2009 p. 14).

The Belarusian Social and Labour policy mission statement affirms the state’s commitment to protect and improve the standard of living for all Belarusian citizens and to provide “social support for all who need it” (Parker 2007 pp 87-8). Belarus has maintained the Soviet legacy of solid health and education services (Vargas-Baron, Janson and Mufel 2009 p. 57). Under Belarusian law, “common education must guarantee the right of a disabled child not to be isolated ... and to receive goods and services on an equal basis to that of the rest of the general public” (Varenova 2003 p. 396).

1.3.3 Structure of modern special education in Belarus

Belarusian special education is described as “usually centre or institution bound” (Vargas-Baron, Janson and Mufel 2009 p. 16). In 2009, Konopleva and Kunstevich of the Ministry

for Education for the Republic of Belarus (MOE), in collaboration with Unicef, published “Special Education for Children with Special Needs in Belarus” in both Russian and English. This document illustrates the development of organisational and methodological approaches within special education in Belarus which began in 2002 and which were supported by updated legislation in 2004, 2005, and 2006 (Vargas-Baron, Janson and Mufel 2009 p. 42). Konopleva and Kunstevich (2009) state: “Government support and public understanding of special education problems relating to social rehabilitation and integration of individuals with disabilities have laid a solid foundation for a new system in line with international standards” (p. 1), within which parents may choose the form and location of education for their child (p. 3). Six forms of special educational institutions for children across the spectra of age and educational needs have been established in Belarus (p. 4):

- Special pre-schools
- Special general education schools
- Supplementary schools
- Special general education boarding schools
- Supplementary boarding schools
- Correction, development, training and rehabilitation centres

The same document details each of these six forms of Belarusian special education (pp 5–20). This research will focus on the most recently developed “Innovative Substance of Education of Children with Multiple Disorders”, delivered in “Centres for Correction, Development, Training and Rehabilitation” (Konopleva and Kunstevich 2009 pp 12–13), or Development Centres (Vargas-Baron, Janson and Mufel 2009 p. 42), of which CRC Minsk is one.

1.3.4 Development Centres

The number of Belarusian Development Centres has grown rapidly to 142, serving around 3,000 children with severe multiple developmental disorders (Konopleva and Kunstevich 2009 p. 13). The Centres are overseen by the Ministry of Education (MOE) and the Department of Special Education. Technical support is provided by the Post-Graduate Academy of Education, the Pedagogical Universities and the Department of Psychology of the Belarusian State University. Development Centres are described as working to move away from the Soviet defectological focus on disability, to child-centred approaches which are inclusive of parents (Vargas-Baron, Janos and Mufel 2009 p. 42). The curriculum comprises 11 educational and developmental areas, designed to promote independence, to support children to manage behaviour, engage in social interaction and respond to life situations (Konopleva and Kunstevich 2009 p. 14):

- Essentials of Life
- Communication
- Practical mathematics
- Object-practical activities
- Sensorimotor training
- Social adaptation
- Household labour
- Adaptive physical education
- Music and rhythm classes
- Arts
- Labour training

Development Centres offer both home and Centre-based activities, as well as childcare and support for parents through counselling and education (Vargas-Baron, Janson and

Mufel 2009 p. 42). Konopleva and Kunstevich (2009) summarise the functions of a “typical” development Centre as:

- Identification of children with severe and multiple disorders and their specific educational needs
 - Maintenance of a database of children with severe and multiple disorders
 - Promotion of a positive public awareness of children and families
 - Provision of appropriate, timely educational support for children with severe and multiple disorders in both urban and rural areas
 - Social rehabilitation
 - Provision of advice and support to parents and staff regarding psychological and pedagogical aspects of child development
 - Provision of Centre-based opportunities for continuing professional development for classroom practitioners
- (p. 16)

1.4 Foundations for the research at CRC Minsk

Lugovtsova et al. (2012) consider the difficulty for Western scholars in understanding the unique sociocultural environment in Belarus with specific reference to the education system (p. 72). Within Belarus itself, there are significant linguistic, economic, political and bureaucratic barriers to international teacher mobility. The authors cite the example of the Belarusian MoE’s decree no. 125 of 27th December 2008 that outlines the process required for a Belarusian teacher to gain permission for short-term study abroad. This involves a complex set of paperwork and individual scrutiny by the Minister of Education, who alone can give authorisation (p. 80).

Vargas-Baron, Janson and Mufel (2009) repeatedly stress the openness of Belarusian special education classroom practitioners to change, which can and should be built upon. These authors state: “Belarus has much to give other countries and receive from them” (p. 57). Varenova (2003) of the Belarusian State Pedagogical University agrees: “Special education is the field where interdisciplinary approaches and a wide exchange of international experience is needed to provide different ways of resolving general problems” (p. 395). These observations resonate with the researcher’s experience of working with the staff team at CRC during 2009 (Margetts, Wallace and Young 2013). At the same time, the potential for disruption arising from this research was carefully considered (Chapter 3 p. 94).

1.5 Outline of the thesis

The thesis comprises nine chapters. Chapter one has outlined the background, framework and context of the research. Chapter two reviews the literature in respect of factors impacting Belarusian classroom practitioners’ work with children with complex needs, together with ways in which music therapists have worked with staff teams in special education both in the UK and overseas. This will include consideration of the theoretical framework of “defectology” which underpins Belarusian special education. Chapter three presents the rationale for the choice of mixed methods research methodology to answer the research questions (Creswell 2015, Bradt, Burns and Creswell 2013). Challenges raised by this methodology and the ethical considerations implicit in research with a disenfranchised population will be discussed (Bridges 2009, 2001) within the particular context of CRC Minsk. Chapter 4 describes the theoretical framework and development of the specifically created evaluation instrument used throughout fieldwork

and data collection, based on Winnicott's theories of the holding environment (1960) and play (2005). Chapter 5 outlines the conception, writing and delivery of the fieldwork at CRC, including the central staff development programme. Procedures of data collection and analysis, together with a consideration of their strengths and weaknesses are presented.

Chapter 6 presents outcomes of the first stage of qualitative analysis of the interview data from 8 CRC staff members who completed the fieldwork process. Chapter 7 describes integrated results of quantitative and the second stage of qualitative analysis of data returned by the same 8 CRC staff participants and 16 UK music therapist participants arising specifically from the use of the newly created evaluation instrument. Chapter 8 comprises a discussion of the key findings as they relate to the three research questions. Strengths and limitations of the study are considered, together with critique of the methodology, placing of the findings in the research literature and suggestions for future investigation. Chapter 9 concludes the thesis with a summary of the key outcomes, and consideration of the contributions to knowledge of this piece of research.

2. Chapter 2: Literature Review

2:1 Introduction: Ecological systems theory

In response to societal and political expectations and changes in professional standards, the past ten years have seen a shift towards child-centred educational approaches in European and American special schools (McCreery 2016, Fenton and McFarland-Piazza 2014, Hedegaard and Chaiklin 2011, Geddes 2006). One positive outcome of this sea change has been the increasing recognition of the importance of the relationship between teacher and pupil in maximising the child's engagement with school (McCreery 2016 p. 239, Jennings and Greenberg 2009 pp 491-2, Geddes 2006 p. 129). The teacher's responses to and degree of involvement with the child are viewed as contributing to the vital process of social learning, as well as to the ability to operate within boundaries, to focus, concentrate and accomplish tasks (McCreery 2016 pp 238-9). Teachers who create warm and positive relationships with their pupils are more likely to achieve correspondingly strong academic and social outcomes (ibid p. 242).

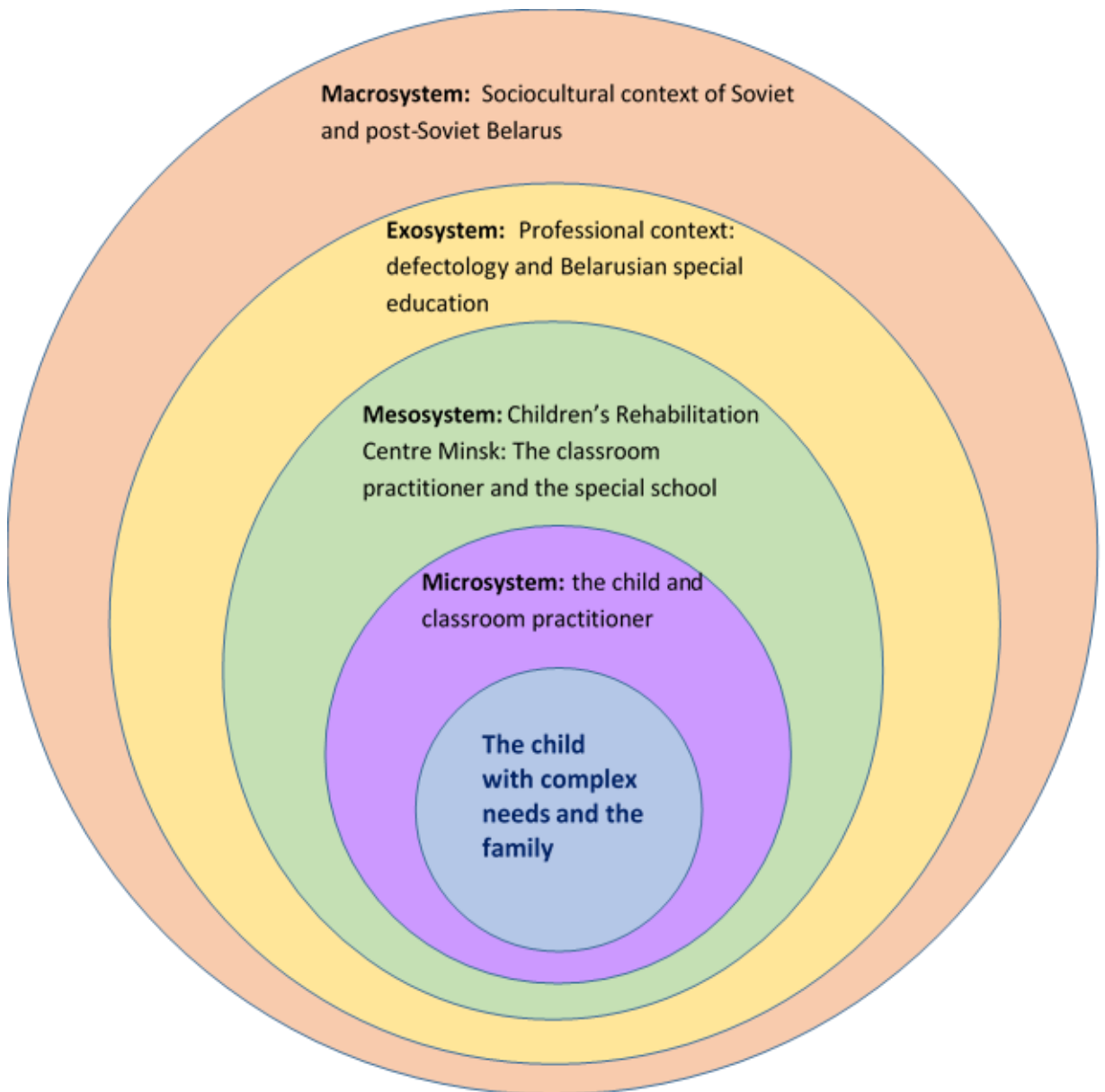
Many factors which may impact upon the potential for such relationships between classroom practitioners and children with complex needs are universal and include the significant physical and emotional impact of working with children with severe disabilities and their families, the demands of the dynamics of the school and the expectations of the local special education system and the particular socio-cultural context (Adams et al. 2016, Roman 2016, Annesley 2014, Brunsting, Srekovic and Lane 2014, Strange 2012, Farber 2000, Cooley and Yovanoff 1996).

This chapter will review literature pertaining to those factors which might influence the potential for establishment of relationships between a classroom practitioner and a child with complex needs at Children's Rehabilitation Centre Minsk. A framework is suggested, adapted from Ecological Systems Theory (Bronfenbrenner and Evans 2000). This model was developed by Russian-born American psychologist Urie Bronfenbrenner in 1977 to consider how a child's development might be construed in terms of the interaction between his or her own internal characteristics and experience and the external environment. The child is not merely a passive recipient of socialisation, but is contributing to the construction of the social milieu. Ecological Systems Theory has since been applied in many different areas (Cross and Cross 2017). The current adaptation proposes four inter-connecting systems impacting a classroom practitioner's work with a child with complex needs within the specific environment of a special school in post-Soviet Belarus (figure 2:1).

Winnicott (2005) theorised that: "The place where cultural experience is located is the *potential space* between the individual and the environment ... The same can be said of playing. Cultural experience begins with creative living first manifested in play" (p. 135). Winnicott suggested that the capacity of the individual to use this space is contingent upon his or her early experience of the holding environment and the degree of security engendered by reliable maternal care (ibid., detailed in Chapter 4).

The following sections will consider the impact of these systems on the potential for relationships between the classroom practitioner and the child at CRC Minsk.

Figure 2:1 Bronfenbrenner's Ecological Systems Theory model (adapted).



2.2 Microsystem: The child with complex needs and the family, and the relationship with the classroom practitioner.

In the researcher's adaptation of Ecological Systems Theory (figure 2:1), the microsystem is the environment within which the child with complex needs has direct emotional impact upon, and social interaction with his or her teacher/classroom practitioner. Into

these encounters are brought the child's first relationship with his or her primary caregiver, and with the family.

If a child's emotional needs are not understood and appropriately supported at school, then defence mechanisms may develop to protect and bolster his emotional self. The child's behaviour may then become almost continually defensively organised and/or challenging (Geddes 2006 p. 131). The emotional life of the child with complex needs can be significantly influenced by the effect of disability on his or her relationships, beginning with the first relationship with the primary caregiver (Pasiali 2014, Geddes 2006 p. 35, Schore 2003 p. 133).

2.2.1 The child with complex needs and the primary caregiver

Winnicott (1991) famously said that "There is no such thing as an infant" (p. 88). Optimal infant development can only occur in the context of "good enough" caregiving (Levinge 2011 p. 45). Winnicott (2005) further posited that, at the stage at which a baby has capacity to look at the mother, what s/he sees is him or herself reflected in the mirror of the mother's eyes. As the mother regards her baby, how she appears to the infant reflects what she sees before her (p. 151). Where the baby has an observable disability Sinason (1992) suggests that in this very first mirror, "the handicapped baby does not see beauty and joy" (p. 147). Instead, he may be met with fear, anger and distress. Blackman (2003) theorises depression in mothers of learning disabled children as having roots in an inherited primitive response to a threat to the basic survival of the family (the child could not contribute to the existence of, and would have needs greater than other family

members). In modern times, this unconscious fear could be interpreted as targeted towards psychological, rather than physical familial survival (pp 28-9).

Reflecting upon psychodynamic music therapy practice with depressed mothers and their children, Levinge (2011) observes a greatly reduced ability to attune to and provide secure attachment for the child. These mothers might be withdrawn and unresponsive, or, conversely, intrusive and aggressive (p. 48). Quantitative research by music therapist de l'Etoile (2015) compared affect and gaze in response to infant-directed singing in neurotypical infants and those with Down's Syndrome. The study found that mothers of infants of Down Syndrome often presented as over-eager to provide warmth and nurture and so were more likely to miss the child's cues. Paradoxically, this resulted in a greater degree of maternal directiveness in the interaction and reduced opportunity for the infant to initiate communication (p. 199).

Research indicates that high levels of negative affect in mothers can have a significant impact on the mental health of the developing child (Al-Yagon 2015 p. 113, de l'Etoile 2015 p. 197). The "Still Face Experiment", first developed by developmental psychologist Edward Tronick in 1975, illustrates the impact of rupture in the mother-infant dyad. Usual interactive communication between an infant and mother is interrupted and the mother adopts a non-responsive "still face" for three minutes, before normal communication is restored (reunion). This has become one of the most replicated studies in developmental psychology, and the resulting infant patterns of behaviour have been investigated in association with attachment styles and the impact of depressed mothers on their infants (Tronick 2007).

Quantitative comparative research by Al-Yagon (2015) investigates the possibility of correlation between emotional resources (attachment anxiety/avoidance and negative affect), and “sense of coherence” (SOC) and coping strategies of parents of learning disabled children and those of neurotypical children. “Sense of coherence” relates to confidence in one’s world and in one’s capacity to meet both current and future challenges (p. 114). “Coping strategies” refers to cognitive and/or behavioural mechanisms which support an adaptation to stress (p. 115). Via a sample of 410 Israeli couples, the study investigated variations between the two comparison groups, between mothers and fathers and the impact of potential emotional resources on coping resources of each group. Significant differences in the use of active and avoidant coping strategies, more variation in resources between parents of learning disabled children and a potentially important role of emotional resources in relation to coping capacity were found (p. 120). For participating mothers of children with learning disabilities, high anxiety levels in attachment relationships contributed to low SOC, avoidant coping strategies and reduced emotional resilience owing to parenting stress (p. 123).

2.2.2 The child with complex needs and the family

The quality of relationship between parents has been shown to significantly influence that between parents and infant, and cognitive, behavioural and emotional outcomes for the developing child (Petch et al., 2012). Commentators agree that significant additional emotional stressors are carried by the family of a child with complex needs (Bicknell 1983, Sinason 1992, Arthur 2003, Blackman 2003). The most recent national survey undertaken by UK charities Relate, Relationships Scotland and Mencap found that relationships,

with each other, family, friends and workmates, of parents of a child with a learning disability were profoundly affected (Marjoribanks 2017 pp 4-5).

Reviewing literature concerning the prevalence of divorce in families of a child with complex needs, Sobsey (2004) found a tendency to emphasise the damaging effects of the birth of a learning-disabled child on the parents' marital relationship. These included the demands of raising a child with complex needs, resulting in extreme physical and emotional stress for parents (p. 62) and the pressure of coping with external agencies such as health professionals and funding authorities (see also Marjoribanks 2017 p. 11). Different health and social care considerations implicit in complex needs may "interact, exacerbating their impact on the child's development and well-being" (Ockelford 2008 p. 2). UK charitable organisation Scope⁸ outlines some of these interacting factors as communication difficulties, sleep problems, behavioural issues, and sight and hearing impairments.

Professor of psychiatry Joan Bicknell (1983) suggests that parents may respond to the birth of a child with a disability in a similar way as to a bereavement. Family members may mourn the loss of the anticipated 'perfect' child according to their own process, and this can place significant tension upon relationships within that family. Stokes and Sinason (1992) posit: "Having a handicapped baby is usually a trauma for the parents, the baby, and the community. However much love develops later ... there is often a difficulty in making an attachment at the start" (p. 48). For a child with complex needs, this attachment can be challenged even before birth. Amniocentesis offers parents the

⁸ <https://www.scope.org.uk/support/families/diagnosis/learning-disability-overview> accessed 31st May 2016

option of terminating a pregnancy if the developing foetus is found to be atypical. The response of parents to the birth of a baby which is not the anticipated 'perfect' child may depend on whether a diagnosis was given pre- or postnatally and how the news was delivered. Psychotherapist Ditchfield (1992) suggests three main categories of response:

1. Initial reaction: shock, disbelief, denial, and possible rejection.
2. Emotional disorganisation: guilt, anger, sadness or disappointment
3. Emotional organisation: adjustment and acceptance (pp 13-14).

Stokes and Sinason (1992) agree: "To have a baby who is damaged in some way is a blow to the self as a procreating being, and usually evokes a reaction of rejection that could be in part instinctive" (p. 48). While not necessarily true for all parents, literature suggests that many do experience emotional conflict between initial shock and disappointment, and the love which then grows, which may result in substantial feelings of guilt (Blackman 2003 pp 24-5). Emotional resources are further depleted as developmental and educational milestones are missed. Qualitative, longitudinal research by Twomey and Shevlin (2017) found that educational assessment and diagnostic processes were "traumatic" for parents of young children with ASD and severe learning disabilities. The emotional impact was exacerbated by parents' lack of understanding of their child's condition and was often expressed through uncertainty, fear and shame (p. 159).

These authors further posit that the bereavement model of parental experience espoused by Bicknell (1983) is overly simplistic. Swedish researcher Broberg (2011) agrees, stating that the so-called "tragedy model" can confirm parents' sense of exclusion and isolation. Landsman (2009) suggests a model of emotional process for parents of children with

learning disabilities based on hope rather than tragedy. Recent research by Relate, Relationship Scotland and Mencap warns against “pathologizing the condition of parents with a child who has a learning disability who, in many cases, will be coping as well as other parents, especially where sufficient support is in place” (Marjoribanks 2017 p. 13).

Blackman (2003) writes about societal ambivalence towards people with disabilities, suggesting that this originates in the childhood need to fit into the social group, promoting a fear of visible difference (p. 21). Sinason (1992) agrees: “Looking at handicap means looking at ... a difference that is painful.” A child with complex needs may find friendships with other children difficult, both early in their lives and when beginning their education (Blackman 2003 p. 21).

2.2.3 The teacher-pupil relationship

Winnicott (1986) said: “From my point of view, what you teach can only be implanted on what capacity is already present in the individual child, based on early experiences and on the continuation of reliable holding and in terms of the ever-widening circle of family and school and social life” (p. 149). Accordingly, a child’s ability to learn in school is largely dependent on the relationship with the teacher. Winnicott advocated a warm and personal teacher-pupil relationship, with clear and appropriate boundaries and the retention of objectivity (p. 63). As previously seen, this is reliant, at least in part, on the child’s previous attachment experiences, revealed through the child’s presentation and behaviour in the classroom.

Geddes (2006) states that:

It is also possible that pupils bring their behaviour to school in the unconscious hope that someone will understand their needs and respond by understanding their communication. With their direct, day-to-day experience of pupils, teachers and other staff are well placed to be able to do this. *Without becoming therapists or social workers*, school staff can use such insights and understanding to enhance well-being in pupils and increase access to achievement and social inclusion (p. 18).

Winnicott (1991) agrees that: “No-one wants a teacher to take up a therapeutic attitude towards pupils. Pupils are not patients” (p. 205). He advised sensitive teachers to be aware of when they were “completing uncompleted tasks that represent parental failure, or relative failure” (1986 p. 63). Jennings and Greenberg (2009) posit that a teacher’s ability to form appropriately empathic relationships with pupils rests on what they term “social and emotional competence” (SEC). Teachers with SEC effectively manage their classrooms because they form positive relationships, maintain boundaries and sustain motivation, supporting pupils’ emotional self-regulation, co-operation and respect. SEC is essential if teachers are to be able to recognize, understand and respond to behaviour as a communication of a child’s emotional state (pp 491-3, Geddes 2006 pp 17-34). While SEC is essential to teachers’ well-being, there have been few sources of support, as this is often not valued in educational policy (Jennings and Greenberg 2009 p. 495, Geddes 2006 p. 131).

A quantitative study by Israeli researchers Zysberg and Maskit (2017) tested potential correlations between mainstream teachers’ professional development, emotional experiences in the classroom and burnout. The authors considered professional development as a “‘frame of mind’, shaping perception, emotional reactions, thoughts and function” (p. 287). One hundred and thirty-three teachers self-reported responses to

the three test areas. While acknowledging the possibility of bias created by this method, the research found particular positive and negative emotions generated at different stages in the teacher's professional life, and a link between emotional experiences at work and performance (ibid.). One of the most common of these is stress, of which a suggested definition is given as "an emotional response to situations in which individuals perceive the existence of demands beyond their own available resources" (p. 290). Extended exposure to stress can lead to burnout – described as a condition of emotional and physical exhaustion (ibid.).

Brunsting, Srekovic and Lane (2014) note that teacher burnout has a significant impact on pupils, with possible attendant challenging behaviour, social and emotional difficulties and academic under-achievement (p. 683). Pupils' challenging behaviour can then be a major contributory factor in teacher stress. Typically, such behaviour arises in pupils who are not emotionally well-regulated; those who, for their own reasons, may be angry, anxious, or miserable. These feelings are projected onto the teacher, who, becoming unable to think, may instead increasingly respond reactively. Repeated experiences of an overwhelming and demoralising nature can render teachers vulnerable to burnout as their sense of effectiveness diminishes and their ability to form relationships with pupils is further reduced (McCreery 2016 pp 239-40, Jennings and Greenberg 2009 p. 501, Geddes 2006 pp 129-131). If unaddressed, this may result in a self-perpetuating negative cycle.

In respect of special education, Brunsting, Srekovich and Lane's research (2014) identified a child's *degree* of complex need as a contributory factor in teacher burnout (p. 686). Investigating the role of teaching assistants supporting young people with complex

needs in a music therapy group, music therapist Dr John Strange (2012) observes:

Being with profoundly disabled people can arouse strong feelings of pity, fear, anger and guilt. People who work with them all day every day have to find a way to deal with these feelings. They may repress them, but this can leave them feeling exhausted and flat, even depressed, and emotionally unavailable to the person in their care (p. 190).

Professionals working with children with complex needs may carry unconscious guilt for not having to bear similar physical, emotional and social challenges (Sinason 1992 p. 54).

The child's essential pathology cannot be changed. Feeling guilty that they cannot "make it right", workers may develop a tendency towards over-zealous devotion to the individual as they struggle to manage unbearable feelings (Stokes and Sinason 1992 p. 50), which adds to stress and emotional depletion. In respect of music therapy trainees, Richards (2009) suggests that just as children with complex needs may experience higher levels of maternal anxiety and disappointment, students working with them might respond to the guilt of not being 'adequate' by feeling that they must make every effort to be "the therapist that [they] believe[s] is expected of [them]" (p. 28). Such unprocessed emotional challenges can evolve into organisational stress (Obholzer and Roberts 2006).

2.3 Mesosystem: Children's Rehabilitation Centre Minsk: The classroom practitioner and the special school

The particular dynamic of the special school is often vulnerable to multiple stressors with consequences for the physical and mental health of staff. Research highlights teacher isolation and lack of professional support as prominent contributors to stressful institutional dynamics, along with teacher burnout (Farber 2000, Cooley and Yovanoff

1996). A quantitative study by US researchers Brunsting, Srekovic and Lane (2014) used Bronfenbrenner's Ecological Systems Model (Cross and Cross 2017) as the framework for an investigation of burnout in special education teachers (SETs). The definition of burnout given in this context is akin to that of trauma – a combination of internal and external stressors which exceeds the individual's coping capacity, resulting in emotional and physical symptoms. A cycle may emerge in which the teacher's burnout impacts on pupils, precipitating challenging behaviour which then exacerbates the teacher's physical and emotional exhaustion (p. 682). A causal link is suggested between special educator burnout and insufficient resources to understand and to appropriately respond to pupils' emotional and behavioural difficulties (p. 683). Results identified four levels of impacting factors; individual, classroom, institutional and state. Of these, the teacher's emotional experience within the school, together with the degree of ambiguity and conflict in their professional role were most prominent (p. 705).

Quantitative research by Adams et al. (2016) explores the coping patterns of special school staff working with children with complex needs in 13 German special schools. The authors noted that research outcomes for classroom practitioners would be dependent upon individual somatic and mental health. The study found four types of work related coping and experience patterns (WCEPs), of which the apposite patterns of "excessive professional commitment" and "burnout/resignation" were considered contra-indicative of good health and of maintenance of their professional role (p. 138). Results showed that the most prevalent coping pattern was "unambitious", associated with low commitment and a high degree of emotional distancing from pupils and colleagues. "Burnout" in the context of this study was associated with older staff and with factors such as emotional demands and conflicts arising from work/life balance (p. 141).

Psychoanalytically-informed psychotherapists offer another perspective on institutional dynamics surrounding staff teams working with vulnerable children (Halton 2006, Moylan 2006, Mawson 2006). As seen in section 2.2.3, staff groups working with such populations often experience emotions which are challenging and painful, arising from ongoing contact with disability, physical and emotional pain and illness. A common defence employed is to avoid powerful feelings of inadequacy, impotence and demoralisation which could otherwise precipitate unmanageable anxiety (Halton 2006 p. 12, Mawson 2006 pp 70-71). The capacity for thinking is reduced, increasing the potential for burn-out and difficulties in staff retention (Moylan 2006 p. 56). Music therapist Roman (2016) suggests that an institutional response to the reality of complex needs may arise which is akin to Bicknell's (1983) theory of the grieving process experienced by parents of a learning-disabled child. Roman agrees that the defence of denial may provide a necessary coping strategy for a school faced with the overwhelming difficulties of vulnerable children and families, as well as the relatively limited range of possible development (Annesley 2014 p. 37). A sense of bargaining, in which additional support may be contingent upon that development may, it is suggested, be a defence against an inability to accept that reality (p. 17).

Winnicott (1986) suggested that a focus on a child's physical needs can represent anxiety about the parent-child relationship. As this anxiety is stored in the unconscious, this can lead to an "over-emphasis by physicians and even by psychologists on physical processes and health" (p. 248). Positive developments which support a change of focus from deficit to potential have recently taken place within Belarusian special education and emotional development is now a specified aim of Development Centres for children with complex needs in Belarus. Nonetheless, an ongoing emphasis on physical, medical

and behavioural needs appears substantiated by the literature (Vargas-Baron, Janson and Mufel 2009). The aforementioned study by Twomey and Shevlin (2017) also explored parents' experiences of Early Intervention services for young children with ASD in Ireland. Interestingly, the authors contend that interaction between the child, parents and professionals becomes similarly medicalised and deficit orientated (p. 160).

2.4 Exosystem: Defectology

2.4.1 Socio-historical development of defectology

Modern defectology is an integrated field that embraces the study and education of all children with learning disabilities in post-Soviet states and is the professional title given to practitioners (Grigorenko 1998 p. 194, Gindis 1999 p. 334, McCagg 1989 p. 39, Holowinsky 1977 p. 469).

Defectology was introduced into tsarist Russia in 1912 by psychiatrist Professor V P Kaschenko, who became a pioneer in the field of special education before and during the time of the Bolshevik Revolution in 1917. Partly responding to the needs of learning disabled children displaced by the Russian Civil War (1917) (Grigorenko 1998 p. 193), Kaschenko and his associates colluded with the new regime and revolutionary spirit to promote their new science of defectology. Viewed as a uniquely Soviet humanitarian breakthrough in the pedagogy of learning disabled children, the term became entrenched (McCagg 1989 p. 42, Knox and Stevens 1993 p. 1).

2.4.2 Defectology and L S Vygotsky (1896-1934)

The Russian psychologist Lev Vygotsky pioneered and developed the theoretical basis of defectology (Knox and Kozulin 1989 p. 63). Of Jewish origin, Vygotsky was born in Gomel, Belarus. Vygotsky's work developed within the framework of the contemporary post-revolutionary Marxist ideology which prioritised the social over the individual (Bøttcher and Dammeyer 2012 p. 433, Vygotsky 1925 p. 9). This ideologically compatible tenet was one reason that children with complex needs were regarded as ineducable in the former Soviet states, as was also the case throughout the industrialised world until at least the 1970s (Vargas-Baron, Janson and Mufel 2009 p. 17).

Vygotsky (1993a) posited a new thesis which was the "sole justification for the existence of defectology as a science".

A child whose development is impeded by a defect is not simply a child less developed than his peers; rather, he has developed differently ... a handicapped child represents a qualitatively different, unique type of development (p. 30).

Vygotsky (1993b) described the role of successful compensatory processes in Marxist terms: to produce a "normal child who is socially valuable and capable of work" (p. 183, Knox and Kozulin 1989 p. 71). His research was based in the social environment of the special education classroom. He theorised that the child's psychological development should be understood from its social situation of development, which is inextricably linked to socio-cultural context. He wrote: "Communist pedagogy is the pedagogy of the collective" (1993a p. 208).

Vygotsky was interested in how the child's defect impacted on the his or her interface with the social environment, through sociohistorically developed social practices (Bøttcher and Dammeyer 2012 pp. 433-4, Gindis 1995 p. 96). The current relevance of Vygotsky's writing in Western developmental and educational psychology perhaps owes much to this very humane approach (Daniels and Hedegaard 2011).

In 1929 Vygotsky introduced the fundamental theories of the primary organic disability, the secondary disability (social dislocation and its impact on psychological development) and their interface. Bøttcher and Dammeyer (2012) posit that the biological development of the brain, body and speech facility supports the development of social relationships which then creates a positive cycle. This synthesis of organic and cultural is missing in children with learning disabilities. The way in which others interact with and assess the capabilities of such children is qualitatively different from similar interactions with their non-learning-disabled peers, negatively influencing psychological development (p. 435).

Vygotsky consistently stressed the dynamic nature of disability and the potential for change (Gindis 1999 p. 335). He believed that organic, sensory impairments could be overcome by compensatory adaptations (utilising what he described as the higher psychological functions such as abstract thought), and in the qualitative nature of interaction with adults and with their own peer group or "collective". He stated that social isolation impedes the use and development of the higher psychological functions (1993b p. 192).

Vygotsky developed the concept of the "Zone of Proximal Development" (ZPD) as a metaphor to describe the way in which humans develop through others. The ZPD is the

differential between a child's actual level of development and the potential level, which may be reached in co-operation with guiding adults (Daniels 2001 p. 56). Gindis (1995) summarises ZPD: "Human development is a socio-genetic process carried out in the social activities of children with adults. Education leads and generates development, which is the result of social learning through the internalisation of culture and social relationships" (p. 78).

2.4.3 Defectology and Soviet ideology

Commentators agree that Soviet defectology initially remained closely based on Vygotsky's theoretical principles (Knox and Kozulin 1989 p. 63, McCagg 1989 pp 56- 57). For example, dialogic learning (or shared activity) was introduced in the Khar'kov School for the deaf-blind by Ivan Soklianskii (1889-1960) and the Zagorsk Special School for the blind-deaf-mute was established by Aleksandr Mestricherikov (1923-74) in the Vygotskian tradition.

However, the ways in which Vygotsky's theories have been interpreted since the 1920s have been inescapably influenced by political ideology and specific practice contexts (Daniels 1993 p. 80). By 1929, Vygotsky's influence was widespread in the new Soviet Union. However, within just seven years he was posthumously discredited and his publications banned. Vargas-Baron, Janson and Mufel (2009) assert that Vygotsky's writings were not followed as the Soviet era progressed (p. 16). Stalin placed the working classes at the forefront of his industrial revolution which transformed the Soviet Union into a super-power. Vast numbers of uneducated and unskilled workers needed quick

labour training, contextualising the compulsory integration of labour training into defectology.

Vygotsky vociferously denounced prejudice towards and labelling of disabled people (Das 1995 p. 95) and this also found a “deaf ear” in Stalinist Russia (Gindis 1999 p. 338).

Defectology, together with academia in general, was purged and all aspects of educational testing were labelled bourgeois perversions (McCagg 1989 p. 55). Vygotsky’s study of concept formation elucidated two forms of learning; highly structured, educational learning and more amorphous, spontaneous learning. The latter was viewed as obstructive by Soviet psychologists and so was largely disregarded (Knox and Kozulin 1989 p. 69). Any links between Vygotsky’s work and Marxism were also purged (Roth 2013 p. 3).

Re-instatement of Vygotsky’s theories occurred after 1954 and new opportunities for defectology arose following Kruschev’s educational reforms of 1958. Now manual labour training for all children was intended to engender a work ethic with a focus on enforced egalitarianism (ibid). Defectology had gradually developed into a “correctional and socially segregating system” (Vargas-Baron, Janson and Mufel 2009 p. 16).

There is very little practice-based literature in either Russian or English in the field of post-Soviet defectology – either general overviews of the discipline, or specialist cases and ideological debate favoured by the Russian academic press in the specialist journal “Defektologiya” (Thomson 2002 p. 34). Two important exceptions are the writings of Kate Thomson (2002) and Harry Daniels (1993) whose publications also examine a resurgence of interest in Vygotskian principles in UK special education (Daniels and Hedegaard 2011).

Thomson (2002) explored continuities and changes in ideology, policy and practice regarding integration in special education in the Russian Federation in the late 1990s. Staff from two non-city special schools were interviewed, focussing on the issue of integration of learning disabled children. The priority and measure of success for school-based staff was the goal of children taking their place in society and being viewed as “normal”. This was consequently tied in with a reluctance to accept severely impaired children into the “corrective” school system (Gindis 1995 p. 78).

Daniels’ observations of Russian Special Schools in 1991 explored apparent differences in how Vygotsky’s principles were translated in the divergent cultural contexts of the UK and post-communist Russia. Children with severe or complex needs were still outside the school system in Russia. Furthermore, the idea of emotional behavioural difficulties was not recognised. Daniels concluded: “That the same theoretical base [Vygotsky] can be used to justify what would appear to be irreconcilable practices attest as much to general ideological differences as to particular pedagogic traditions” (1993 p. 88).

In a later report for Unicef (2009), Vargas-Baron, Janson and Mufel describe defectological practice in post-Soviet Belarus as being orientated to the “deficits” of the learning-disabled child, rather than to “competencies” (p. 16). This evidences the degree to which Vygotsky’s positive stance on a child’s disability – what can be built on and developed – has been reconceptualised following changes in ideological focus since the 1920s (Gindis 1999 p. 335). Vygotsky was clear that one of the most important tasks of the defectologist was to change society’s view of disabled children (ibid.).

Commentators agree that special education has remained fundamentally unchanged since Soviet times (Thomson 2002 p. 39, Grigorenko 1998 p. 194). Defectology as

practised in post-Soviet Belarus considers the cause of the deficit to be pathological in terms of physical, mental and even, at times, moral development. This facilitates access to services, within which the child is regarded as an “invalid”. Assessment is focused on the diagnosis of deviance from what is viewed as “normal”. Corrective steps are then taken in the form of therapy, treatment, and/or training. Only highly trained professionals are considered competent to carry out these procedures. The dynamics of the relationship between the parent and the child are not considered in the treatment process (Vargas-Baron, Janson and Mufel 2009 p. 16). Where children are diagnosed as severely learning disabled, parents are typically advised to place them in permanent residential care (p. 17).

2.4.4 Training of Defectologists in Soviet and post-Soviet Russia and Belarus

‘Defectologist’ is the title of special education professionals working in former Soviet states including Belarus, Latvia, Romania and Kazakhstan. In 1920, The State Institute of the Defective Child and the Institute of Advanced Pedagogical Courses were established in Moscow and preparation for training defectologists began in Kiev (Holowinsky 1977 pp 469-70). Children with conditions such as cerebral palsy and autism were mostly permanently supported by the medical profession in the Soviet Ministry of Health’s sanatoria (Gindis 1995 p. 78). Little research was undertaken and this population was omitted from standard defectological training.

Table 2:1 (below) Defectological Curricula in Soviet Union (1977) and Belarus (2003)

Subject	Soviet Union (1963)	Belarus (2003)
	(Holowinsky 1977)	(Varenova 2003)
Medicine	Physics, chemistry, biology	Physiology and pathology of illnesses and functions of man
	Anatomy	Anatomy
	Psychopathology	Pathopsychology
	Psychiatry	Psychiatry
	Neuropathology of children	Neurophysiology and neuropathology
	Sexual psychopathology	Sensory systems
		Mental retardation
Psychology		General psychology
	Pedagogical psychopathology	
	Developmental psychopathology	Psychology of development and personality
		Social psychology
		Common special psychology
Pedagogy	Public education in the USSR	Introduction to Special Education
	Practicum	
	Geography	
Specialism (3yrs)		Hearing Impairment
		Vision Impairment
		Mental retardation
		Speech and Language Difficulties
Ideology	Historical materialism	
	Political economy	
	Political education	

Figure 2:1 shows the curricula for trainee defectologists in Belarus from the Soviet era in 1963 to the post-Soviet in 2003. The medical model retains its prominence in both curricula. There is greater attention paid to special educational needs in terms of training

in the areas of medicine, psychology and pedagogy in Belarus in 2003. There is also no ideology specified in the defectological curriculum in Belarus in 2003.

In Soviet times, the Institute of Defectology in Moscow directly influenced and centrally controlled all aspects of special education, including training and teaching methods (Daniels 1993 pp 80-1). Defectological teacher training was sub-divided into the autonomous departments of blind or deaf children (surdopedagogika), mentally retarded or “weak minded” children (oligophrenopedagogika), and those with speech and language difficulties (logopedia) (Gindis 1999 p. 334).

The Belarusian State Pedagogical University is one of the most prominent centres for defectology in the former Soviet Union. In 2003, training was described as based in medicine, psychology and teaching of children with mental disorders and physical handicaps (Varenova 2003 p. 399). Interestingly, Belarusian pedagogical universities have been described as offering appealingly easy coursework and low entry qualifications (Lugovtsova, Krasnova and Torhova 2012 p. 76).

2.5 Macrosystem: The Sociocultural Context of Belarus

2.5.1 Historical background

The sociohistorical and sociocultural context of Belarus has, it may be argued, given rise to particular national characteristics and behaviour (Lindy 2001 p. 34). As stated in Chapter 1 (p. 23), Belarus became the Byelorussian Soviet Socialist Republic in 1922. The communist doctrine demanded absolute conformity from every citizen. People were expected to live an entirely collective existence, subject to constant public scrutiny and

censure, in which every aspect was politically influenced (Figs 2014 p. 199). Orlando Figs is Professor of History at Birbeck College, University of London. "The Whisperers" (2007) follows documentary and qualitative research into citizens' lives in Stalin's Soviet Union. He describes work by the historian Hellbeck (1996) which explores, through the diaries of Soviet citizens, the extent to which the ideology of the regime subsumed the inner lives of ordinary people. It was impossible for those people to think or feel in any way other than that dictated by the regime. Contradictory thoughts and feelings were experienced as a "crisis of the self" to be overcome.

During Stalin's reign (1929-1953), the Soviet Union was transformed from a peasant culture into an industrial and military super-power. However, the human cost was high. Conservatively, around twenty-five million people, around one eighth of the population, were either murdered or sent to a network of prison labour camps in Siberia, known collectively as the Gulag. Criteria for those arrested encompassed anyone who was perceived to challenge or criticise the regime. "Subversives" included intellectuals, artists and students and even loyal Communist Party members who might divert devotion away from Stalin himself. Arrest resulted in separation from family, interrogation, torture and probable, indefinite imprisonment in the dehumanising conditions of the Gulag with a slim chance of survival. "Enemies of the people" were denied a funeral and buried in unmarked graves. Families often remained unaware of their relative's death for many years. To avoid further surveillance by association, all personal items relating to the deceased were destroyed. Family histories were lost as the nature of their relative's disappearance was intentionally concealed from children for their own protection. Adult children of those arrested were often reduced to renouncing their parent to be accepted as loyal Stalinists and so retain employment and survive (Lindy 2001 pp 37-40).

During the Great Patriotic War, the Byelorussian Soviet Republic experienced the highest mortality rate of any other nation affected, losing one quarter of its population (Ioffe 2004 p. 86). The war has remained a focus of propaganda for the only ruling regime of Post-Soviet Belarus following, as Marples (2012) suggests, “the Stalinist tradition of legitimizing the present through ruthless control over the past” (pp 437-9).

Mincu (2016) observes the tendency of Western commentators towards blanket descriptive terms of reference pertaining to former Soviet states which minimise the significant differences between individual countries (p. 319). Belarus’ relative isolation is perhaps one reason why accessible relevant literature is elusive. Written predominantly by Western or overseas educated Belarusian authors, available texts adopt an almost exclusively critical stance towards the Belarusian governmental regime. Authors such as Brian Bennet (2011), former British Ambassador to Belarus (2003-7), have been described as inescapably biased owing to the cultural gulf between two radically different societies (p. 35). Belarus remains widely named as “the last dictatorship in Europe” (Gerner 2016, Bennet 2011, Lenzi 2002).

Belarus was perceived as one of the “most Soviet” of the fifteen Soviet Socialist Republics (Ioffe 2004 p. 110). Commentators agree that the rapid, unprepared changes resulting from independence were not the choice of many Belarusians, who had no sustained experience of, or wish for independence (Bennet 2011 p. 4, Lenzi 2002 p. 403). Positive nostalgia for the Soviet past resulted from the loss of economic and social stability formerly provided by the Soviet Union’s state central economy and armed forces (Lenzi 2002 p. 403, Ioffe 2004 p. 89), identification with the values of a long-standing societal

structure, the decline in living standards and citizens' disappointment at the loss of the Soviet Union as a world super-power (Ghergina and Klymenko 2012 pp 56-8).

Belarus became a presidential state in March 1994 and an authoritarian state following the first and only free presidential election (Crabtree et al. 2016, Padhol and Marples 2011, Lenzi 2002). The most recent occurrence of oppression of opposition to the regime was "Freedom Day" on 25th March 2017. The BBC reported mobilization of Belarusian protesters, predominantly in Minsk, following the Belarusian President's imposition of a tax on those classified as "under -employed". Suppression of demonstrations resulted in 400 arrests and protesters were beaten. The President suspended the tax for 2017, although it will not be rescinded as it promotes "discipline in the workshy"⁹

2.5.2 Societal and family life in Soviet and post-Soviet Belarus

During the Soviet era, non-conformity with the dictates of the communist regime resulted in harsh reprisals, but the parameters of expected obedience were often unclear and inconsistent. According to Figes (2007), one result of the aspirational transparent Soviet society in which people policed themselves through mutual surveillance was the destruction of trust within and between families. Families lived in cramped communal apartments with thin walls, within which every conversation could be overheard. Children were taught not to reveal family discourse for fear of denunciation. For loyal Soviet citizens, there was constant conflict between trusting people they loved and believing unquestioningly in the regime they feared (p. xxx). Communist secret police files were held on individuals. These included personal documents such as confiscated

⁹ <http://www.bbc.co.uk/news/world-europe-39399953> accessed 28th March 2017

letters which formed, according to Luca (2015), a “complex oppressive state mechanism of surveillance, control, intimidation, coercion and criminalization” (p. 367). Rozic (2015) similarly describes Belarus as an “autocratic state that functions, in part, on the principles of paranoia”. The argument is that the regime thus maintains an order based on an internalized culture of denunciation which feeds into this paranoia (p. 84).

The communist doctrine dictated that individual needs be subverted by those of required women to leave the raising of their children to the education system to go out to work. The Soviet ideal of a “warrior for the new life” created an expectation not of a wife-mother, but of a strong woman worker – a builder of communism (figure 2:2, Shutova 1999 p. 14), willingly giving her child to the state to be able to work (Figes 2007 p. 20).

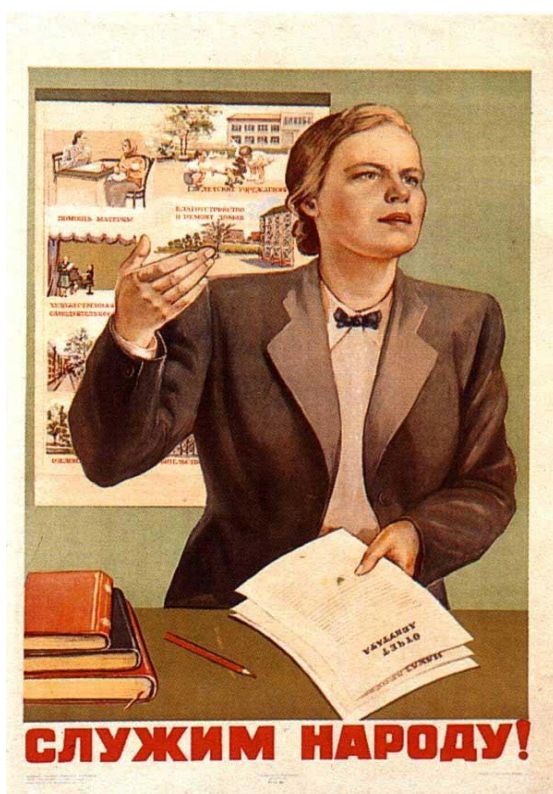


Figure 2:2 Soviet propaganda poster:

“We serve the nation!”¹⁰

¹⁰ Soviet propaganda posters can be found at <https://www.sovietposters.com/>

Following the 1917 October Revolution, all non-state pre-schools were either closed, or reassigned to the People's Commissariat of Education.

State centres providing care for new born infants and pre-school children were created both to provide mothers with two months of rest following childbirth (apart from their baby) and to "form children into citizens devoted to collectivist approaches wherein individual creativity and initiative were not fostered" (Vargas-Baron, Janson and Mufel 2009 p. 11). Soviet educational theorists aimed to retrieve the child from the bourgeois influence of the family, where-in he or she might be too influenced by individual concerns instead of developing socialist instincts (Figs 2007 p. 20, Sidorovitch 2005 p. 484).

A study by Pustulka and Slusarczyk (2016) employs narrative methodology to explore oral memories of Polish migrants, now resident in the UK, Norway and Germany, of their education during the Communist period (p. 220). Positing an indivisible link between personal experience and sociocultural context, the authors acknowledge that such reflections on the Soviet past are influenced by present experience (p. 221). However, the suggestion is that "a national education system mirrors a vision of humanity in a given society ... An ideology of a 'socialist man' was influential for the social structure and school became a place of a particular social engineering" (p. 222).

During the 1930s, Stalin's government instigated a policy volte-face regarding the importance of the family. The enormous loss of life owing to oppression, famine and war had precipitated a demographic crisis. These new decrees aimed to address the population decline. The family unit was once again seen as the building block of

Communism, in a new incarnation in which the parent assumed the role of enforcer of Soviet authority (Figes 2014 pp 255-6, Shutova 1999 p. 14).

In 2013, Belarus was cited as having the fourth highest divorce rate in the world, with around fifty per cent of marriages failing ¹¹ (Vargas Baron, Janson and Mufel 2009 p. 14). The rate of divorce in the UK in the same year is given by the Office of National Statistics as forty-two per cent¹². While economic and social reasons are also suggested for divorce in Belarus, (a divorced woman with children may be eligible for better housing), alcoholism is also a major factor (Razvodovsky 2011). Drug and alcohol abuse (Grigoriev et al. 2015, Razvodovsky 2011), domestic violence and child abandonment (Vargas-Baron, Janson and Mufel 2009 p.14) and a high suicide rate (Razvodovsky 2007 p. 65, Kondrichin and Lester 1998) continue to be major societal issues in Belarus. Shutova (2011) provides statistical evidence for the prevalence of domestic violence in Belarus, and suggests that a significant proportion of children and young people believe this to be normal. The principal reason for corporal punishment of children within the family is poor academic performance. In 2010, there were heated disputes in government over the necessity for legislation corresponding to domestic violence (p. 148).

Article 24 of Belarusian Law “On the rights of the child” (1993) is in line with the United Nations Constitution, ratified in 1990 (Schmidt and Shchurko 2014 pp 451 -3). At the same time, the area of respect for children’s rights has been described as one of significant challenge for post-Soviet countries such as Belarus (ibid. p.447). Writing in

¹¹ <http://belarusdigest.com/story/belarus-land-broken-marriages-12341> last accessed 28th March 2017

¹²

<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/vsob1/divorces-in-england-and-wales/2011/sty-what-percentage-of-marriages-end-in-divorce.html> last accessed 28th March 2017

1999, Shutova describes an ongoing norm of violence in relationships between adults and children, while observing a simultaneous embryonic shift in terms of intuition, “appreciated initiative” and independent thinking (p. 15). In 2011, she noted: “Empathic relationships between parents and children [have] become rather a desirable norm (in fact almost unreachable in reality)” (p. 4). Consultation with the non-governmental organisation (NGO) ‘Children not for Violence’ evidenced a dominating pedagogy of force in Belarusian education and a “tough, humiliating, disrespectful attitude to children’s personalities” (p. 3). Children in Belarus are guaranteed free general secondary, professional technical and, on a competitive basis, free special and higher education. From the age of 3, children typically spend the majority of their time in school (ibid.).

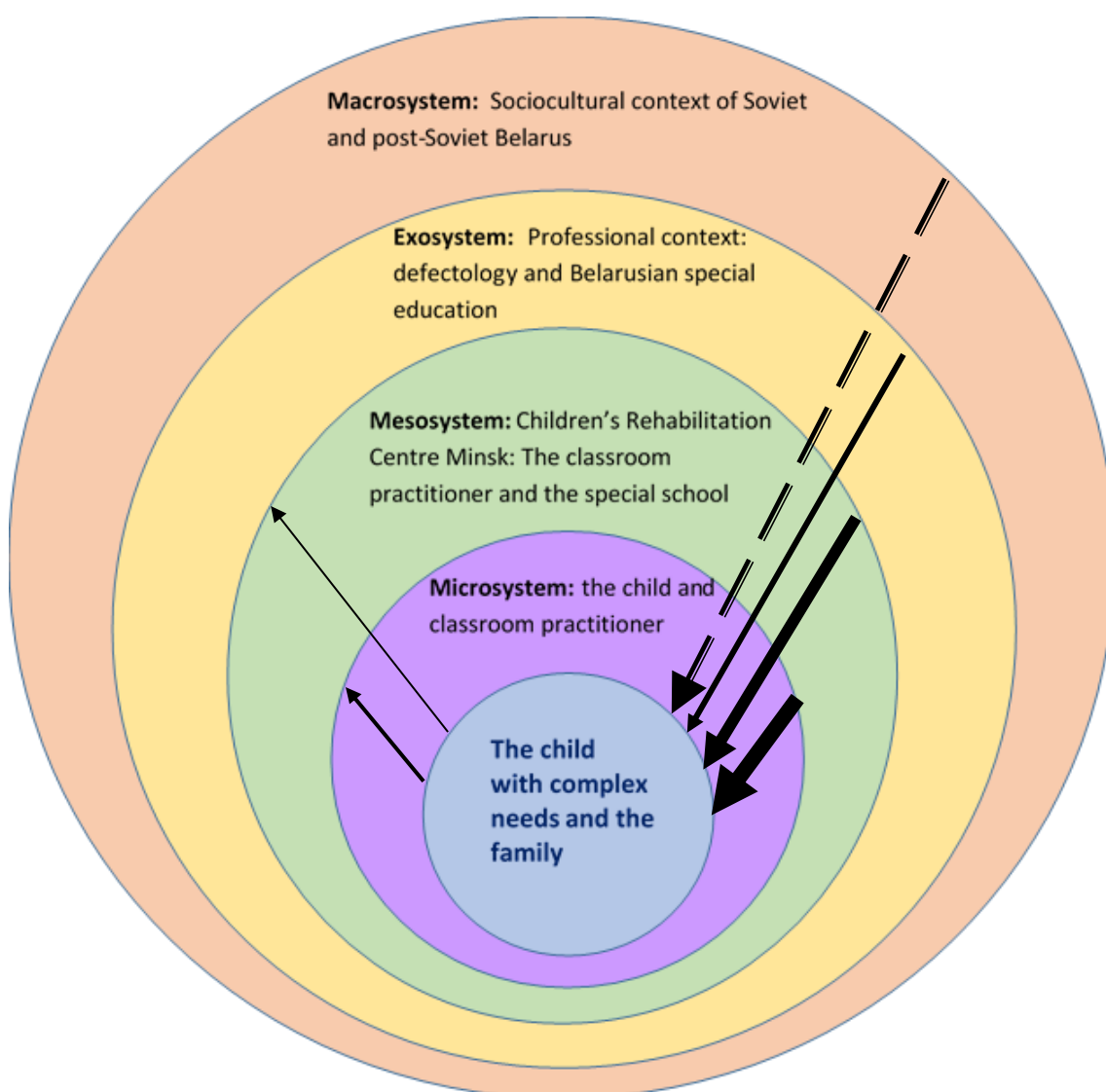
Summary

Informed by the literature reviewed, figure 2:2 presents a further adaptation of Bronfenbrenner’s Ecological Systems Theory model which represents factors influencing the relationship between the classroom practitioner and the child with complex needs in an autocratic sociocultural context such as post-Soviet Belarus.

The overall sociohistorical and sociocultural context permeates each system, and therefore has an influence on the child’s experience. The strongest impact on the child comes from the classroom practitioner, who works with the child throughout the school day. The second significant source of influence comes from the ethos and dynamics of CRC. It is suggested that the overall system of Belarusian special education has a slightly less direct role in the child’s life.

By contrast, this adapted model suggests that the possible *outward* influence of the child is greatly reduced owing to a combination of CRC classroom practitioners' stated difficulties in relating to children with complex needs, stressful institutional dynamic, a results-driven educational culture and sociocultural context.

Figure 2:3 Ecological systems theory model 1: CRC Minsk



2.6 Collective trauma

2.6.1 Traumatic experience

The impact of trauma, and patterns of responses which can develop subsequently have increasingly been shown to involve neurobiological, psychological and developmental factors. Wolf et al. (2009) describe positive developments in the convergence of paradigms within neuroscience and psychotherapy, increasing the understanding of trauma (p. 50) which has informed music therapy (Sutton 2012, Green 2011, Sutton 2002). Sutton (2002) cites findings from the field of neurology that show a change in the chemistry of the brain following traumatic experience, possibly resulting from sensory overload and with the potential to cause lasting brain damage (p. 24). Where this occurs early in life, the developing brain is affected such that ongoing responses to pressure become sensitized, leaving the person more vulnerable to the impact of stress (Wolf et al. 2009 p. 50).

The psychiatrist Siegel (2003) provides an outline of how affect regulation is achieved by the brain. The orbitofrontal cortex is the single brain area centrally placed to integrate cortex, limbic system and brain stem, (p.21) which:

- Regulates the body via the autonomic nervous system
- Regulates emotion
- Supports emotionally attuned communication, often incorporating eye contact
- Supports awareness of others' subjective experience
- Supports self-awareness and autobiographical memory (p.22).

Psychodynamic therapists' understanding of traumatic experience is based on the

premise that this comprises an interface between an individual's psychopathology and an external event or sequence of events (Sutton and De Backer 2009 p. 76, Alderdice 2007 p. 201, Bell 1998 p. 167, Sutton 2002 p. 23). The external traumatic event may swamp the person's usual ability to process what is happening, overriding resilience such that normal functioning is severely impeded (Sutton and De Backer 2009 p. 76, Smyth 2002 p. 68). Sutton states that the threat to survival is hard-wired into the human species and that a person's sense of safety is fundamentally influenced by his or her earliest experiences of caregiving. It is the ability to think and act in accordance with previous experiences of safety and security that is removed during and following traumatic experience. Capacity for a sense of control is lost. This sense of helplessness connects with the same powerlessness experienced by human infants (Sutton and de Backer 2009 p. 31). The sudden collision of undigested internal material and the external traumatic event can fundamentally disrupt the normal progression of life (ibid. p. 76, Siegel 2003, Bell 1998, Garland 1998).

2.6.2 Collective trauma

The collective traumas experienced by Belarusians during the Soviet era described above are summarised by Dr Olga Shutova of the Belarusian State University.

These phenomena are not unique to Belarus:

The (Soviet) revolution (of 1917), the terrible years of starvation, the first 5-year plans with their positive and negative consequences, Stalin's terror and atmosphere of fear and suspicion, four years of WWII during which Belarus lost one quarter of its population – everything created different conditions of life (1999 p. 14).

Lindy (2001) states that there is barely one post- Soviet family that will not have been affected by political oppression, the Great Patriotic War, famine, genocide, disease and man-made disasters such as the nuclear explosion at Chernobyl in 1986 (p. 35). The transgenerational transference was one in which creativity and initiative were dangerous, self-monitoring and vigilance in every aspect of discourse and behaviour was essential and feelings needed to be suppressed as they could potentially lead to unguarded action (p. 44). Shutova (2011) argues that issues in Belarus' social history (section 2.5.2) including a high divorce rate (Razdvodovsky 2011), drug and alcohol abuse (Grigoriev et al 2015, Razdvodovsky 2011), domestic violence and child abandonment (Vargas-Baron, Janson and Mufel 2009 p.14) and a high suicide rate (Razdvodovsky 2007 p. 65, Kondrichin and Lester 1998) are inseparable from this over-arching national historical and social context (p. 146).

The effects of collective traumatization for a societal group can, therefore, be "immense and long-lasting" (Sutton 2002 p. 26) and can be passed down through generations (Sutton 2012, Sekeles 2012, Green 2011, Timmerman 2011, Alderdice 2007, Grubrich - Simitis 1981). Affective outcomes may include the defence mechanisms of psychological detachment, attachment disorder (Timmerman 2011 pp 35-6), silence (Green 2011 pp 15-18) and identification with the more powerful "other" (Grubrich-Simitis 1981).

Psychological detachment

Nobel prize winning author Ceslav Miloscz grew up in the Lithuanian Soviet Socialist Republic. In a highly critical commentary on Stalinism, "The Captive Mind" (1953), he observes: "In the people's democracies, a battle is being waged for mastery over the

human spirit. Man must be made to understand, for then he will accept" (p. 191). During the Soviet era, genuine dissatisfaction in relation to the regime was deemed at best a crime or, according to contemporary ideologists, a mental illness (Lindy 2001 p. 48). Bennet (2011) describes post-Soviet Belarusians as having necessarily developed a "well-oiled Orwellian mechanism for shutting injustice [historical and current] out of their conscious minds, when to give it expression could cause them or theirs to suffer" (p. 300).

When linked with trauma, psychological detachment may be thought of as a psychopathological response in which the person dissociates from an overwhelming and unbearable experience or situation in order not to have to feel (Timmerman 2011 p. 36, Lindy 2001). Grubrich-Simitis (1981) expands this theory from the perspective of psychoanalysis in respect of holocaust survivors and their children. Continuous external threat in the concentration camp caused prisoners' cognitive coping mechanisms to dismantle, resulting in overwhelming anxiety. The psychological defence of denial was employed in which the prisoner shut the horror of external reality out of their conscious mind and instead retreated into memories of an idealized past and a fantasy of a safer world. This enabled an ongoing degree of active functioning (p. 423). Figs (2007) describes this as "survival through denial" in the Soviet mentality (p. xxxv). Paperno (2002) observes: "In the end, the self and history are inextricably linked" (p. 584). The author's research into the memoirs of ordinary Soviets describes "intimate practices shaped by terror" in evocative detail (pp 593-4).

I would argue that personal accounts of the Soviet experience articulate how, in creating an economy of state-produced death, separation, coerced presence, contraction of personal space and deformation of the body... the soviet regime radically re-shaped established patterns of intimacy and its product, the sense of self (ibid p. 597).

Rozic (2015) suggests that individuals living in close physical proximity in communal apartments, while forced into social isolation through fear of denunciation are particularly vulnerable to developing mental illness. He states: "In more extreme situations, paranoia is a dissembling survival strategy within a closed environment of hyper-vigilant and self-referential individuals." Such processes may then be culturally internalised (pp 80-81).

As described in section 2.5.1, millions of Soviets deemed "enemies of the people" were either executed or died in the Gulag. In such cases, families were often not informed that a relative had died and were denied the ritual and comfort of a funeral (Lenzi 2001 p. 40). In the context of the holocaust, there was similarly a lack of permission or structure for grieving (Grubrich-Simitis 1981). The internalisation of rage and grief with no means of processing these normal emotional responses to shock and loss is a non-culturally specific indicator for clinical depression (p. 425). With a focus on the psychological legacy of Soviet trauma, psychiatrist Lindy (2001) similarly posits that the post-traumatic mind erects barriers to prevent repeated experiences of traumatic overload. Detached parts of the mind no longer connect and seek instead to develop their own identity such as "victim". It is argued that maintaining these psychological divisions is emotionally costly. Barriers shift slowly, continuing to prompt fear and mistrust long after the traumatic event itself (p. 34).

Identification with the aggressor

The psychoanalyst Garland (1998) emphasizes that humans are generally able to hold thoughts in the mind, rather than consistently needing to discharge them

through acting out. This ability results from the development of emotional regulation and maturation. However, even a strong capacity for thinking can collapse through trauma. The mental structures suffer damage which then potentially becomes a chronic impairment (p. 200). Garland suggests that post-traumatic identification may lead to adherence to the all-powerful other in order to protect the damaged self (p. 213). This defence mechanism was also found to be employed by holocaust victims through identification with the aggressor (Grubrich-Simitis 1981 p. 423).

Figes (2007) suggests that corroboration with Soviet ideals, as a way for people to avoid despair and to try to make sense of ways in which they had suffered, became a necessary psychic survival mechanism (p.xxxv). Lenzi (2002) agrees, stating that as a result of this traumatic past and legacy of totalitarianism, modern Belarusians typically display loyalty to any locus of authority (p. 406).

Winnicott (1990a) posits that true democracy in a society is dependent on a sufficient number of emotionally mature individuals who can creatively work towards the democratic system (p. 243). With due consideration of the time of writing (post WWII England), he proposed that individual insecurity may produce a response of identification with authority which may allow for the kind of leadership which is sociologically immature (p. 244).

Attachment disorder

Winnicott (1962) theorises that any interferences in the provision of the maternal holding environment (Chapter 1 pp 21-2) may be experienced by infants as a threatening

disruption in their sense of continuous existence. Instead, they are left with overwhelming anxiety (p. 58).

A mixed-methods study by Rutter, O'Connor and the English and Romanian Adoptees (ERA) study team (2004) investigates associations between early experiences and longer-term outcomes as a result of sustained external deprivation, including changes in the child's biological programming and consequent psychological development. The research participants were children raised in the severe deprivation of Romanian orphanages for periods of up to 42 months and then adopted by UK families, providing distinctly improved circumstances. The control group comprised 52 adopted pre-six-month-old UK children who had not experienced deprivation prior to adoption. The children were then re-assessed at 4-6 years old. Key research questions pertained to the nature of persisting effects from early deprivation once the environment was significantly changed, together with the underlying mechanisms involved (p. 81). Cognitive and social functioning and attachment patterns were tested. Concerning the latter, the results showed an inability to form secure attachments (rather than a tendency towards insecure attachments) in a significant minority of Romanian participants (p. 90). Prevalence of disinhibited attachment behaviour, characterised by active seeking of connection and interaction with unfamiliar adults, was found to correlate with the duration of deprivation and was unrelated to time in the adoptive home (p. 88). Although the results of this study were inconclusive, the researchers suggest that the effects of early institutionalisation may occur whether or not this is in conjunction with severe deprivation (p. 92). This emphasises the importance of secure caregiver-infant attachment to ongoing relational patterning.

Quality of attachment depends largely on the emotional availability of the care-giver (Levinge 2011 p. 42). Where an unprocessed experience of trauma causes psychological detachment, the caregiver may be left unable to respond to the infant's cues and provide the sensitive and reliable nurture he or she needs to thrive (p. 48). Parents who have suffered traumatic experiences may transfer these through disorganized attachment patterns which are themselves potentially traumatising to the child (Timmerman 2011 p. 35).

A randomised controlled trial (RCT) study by Jacobsen, McKinney and Holck (2014) investigated the effects of a music therapy intervention on the relationship between children and their parents in families of emotionally neglected children. Areas of observed dyadic interaction in music therapy sessions and usual treatment included attunement of one to the other, non-verbal communication and parental empathy. Levels of parental stress were also investigated (p. 310). The results showed a significant improvement in these areas and substantial development in parent-child relationships in dyads in the music therapy participant group (p. 311). The authors suggest that: "Highly stressed parents who have lost their sense of control are more likely to emotionally neglect ... their children" and note the responsibility of therapists and clinical practitioners to treat the emotional issues at the core of transgenerational transference. They state:

Parents' ability to match their expression to the child's expression is essential to the child's social and emotional growth. In situations where the early interactions between mother and infant have failed music therapy can help to restore the vital nonverbal affect attunement through an improvisational and playful focus (p. 312).

Attachments throughout life can be significantly disrupted as a result of trauma. Adult survivors are more likely to experience difficulties in attachment arising from their reduced ability to tolerate intimacy and emotionally connect with others (Pasiali 2014 p. 205). Grubrich-Simitis (1981) identifies a “specific impairment of the parenting function in [holocaust] survivors – an impairment which results in the transmission of the trauma to the second generation (p. 421). She found that one of the affective outcomes of traumatization in holocaust survivors was superficial relational patterning and a consequent inability to engage in empathic relationships (p. 425, see also Timmerman 2011 pp 35-6).

Silence

Green (2011) notes that families may use silence to avoid confronting overwhelming emotions arising from traumatic experience (p. 17). Grubrich-Simitis (1981) suggests that the children of survivors of the holocaust are affected by a cumulative trauma, partly resulting from the parents’ inability to talk about their experiences (p. 431, Timmerman 2011 p. 40). The author refers to Winnicott (1960), stating that where provision of the holding environment is impossible owing to the caregiver’s traumatization and consequent emotional unavailability, that trauma is transferred (p. 432).

In the context of the Soviet era, Figes states that “A silent and conformist population is one lasting legacy of Stalin’s reign” (2007 p. xxxi). Gheith’s (2007) research with Gulag corrective labour camps survivors found that the traumatic experiences of those interviewed emerged symbolically, as the order not to reveal had been so deeply inculcated. This is described as “a volatile combination of internal and external

suppression” (p. 165). One participant suffered from mental illness following her release from prison, but the medical profession could not help because they were bound to report anyone who talked about their experiences in the Gulag (p. 171).

2.6.3 Trauma and music therapy

Psychodynamic psychotherapist Caroline Garland (1998) considers psychoanalytically-informed work with a staff group based at a medical surgery, who had collectively experienced a traumatic event. She emphasises that the task of an established team must be supported as well as those of its individual group members. Although different but related functions are undertaken by individuals within the whole, the group will work primarily as a unit. The primary task grounds the group, enabling the retention of the capacity for thought and action and so is essential to the group’s survival (pp 183-8).

Commentators agree on the effectiveness of music therapy in supporting trauma survivors (Sekeles 2012, Green 2011 p. 18, Sutton and De Backer 2009 p. 75, Lange and McKinnery 2002, Smyth 2002). Considering the role of creativity in promoting healing, ameliorating anxiety and regaining a sense of self following traumatic experience Smyth (2002) suggests; “Creativity is resistance to oppression: It is the refusal of victimhood and helplessness. Survivors of devastating experiences often talk about recovering or finding their voice and their power” (p. 76).

Music therapy gives form to the musical interaction between patient and therapist.

Where the patient is not able to play, the “affective resonance of the patient can be held and thought about by the therapist and translated into sounds and silences (Sutton and

De Backer 2009 p. 75). As an art form, music contains repetition, but with possibilities for variation and embellishment. In music therapy, a compulsion towards verbal repetition of the event can, therefore, be experienced in the context of a relationship; it can be given form, context and potential to change. The space created between therapist and patient facilitates moments of connection and intersubjectivity. Rather than remaining a passive victim the patient can, over time, regain a sense of agency. In music, people also experience themselves in time. A structure can be found within which to safely confront traumatic experience and a sense of “going on being” can be regained (p. 76).

Unprocessed trauma can be transferred and re-enacted through generations (Sutton 2012, Sekeles 2012, Green 2011, Timmerman 2011, Alderdice 2007, Grubrich -Simitis 1981). Timmerman (2011) terms this “transgenerational transference” (p. 32) which can manifest at both an individual and societal level. He describes music therapy with a Jewish Russian musician. Owing, she believed, to the traumatic effects of communism, she initially described feeling emotionally numb and impeded from achieving her full potential. In therapy, she realised that this was actually due to unexpressed emotional material connected with the murder of most of her relatives by the Nazis during the Great Patriotic War (Chapter 2 pp 54-5). The musician’s mother, who survived, had felt responsible for her family’s death and had transferred this subliminally through non-verbal and somatic means to her daughter. The musician chose instruments to represent each of the dead family members. Through improvising music for them with the therapist, she was able to grieve and to come to a sense of acceptance (pp 42-3).

As described in section 2.4.2, traumatic memory may be stored unconsciously in the

brain. Where this occurs in early childhood, the result may be a lack of integration of the left and right brain hemispheres such that the traumatic memory is stored in the right-hand side where it remains unprocessed (Green 2011 p. 15). Sekeles (2012) undertook music therapy with a seven-year-old Israeli boy from an ideologically-focused family. He suffered from severe anxiety, particularly during the bus ride to and from his special school. The family lived behind the border between Israel and Jordan. In therapy, the child's anxiety emerged as related to the many bereavements experienced by the family through conflict, added to which was the dangerous reality of daily life. The family did not talk about the losses suffered. They immersed themselves in the ideological development of Israel and expected their children to follow suit. As well as treating the child, the therapist also met monthly with his parents to engage and support them in being able to think about their son's anxiety (pp 24-7). The therapist observed that the child had; "stored in his memory everything that he had heard about death and tragedies in his community and family" (p. 28).

Arts therapist Green (2011) emphasises the establishment of safety as the most important phase in recovery from traumatic experience (p. 15). In the example above, Sekeles (2012) provided a continuous, holding musical line which wove together elements of the child's improvised recitative about each of the family members and friends who had died (p. 28). Timmerman (2011) advocates realisation of safety in music therapy (where needed) through structured musical games or role-play (p. 45).

Within the context of collective trauma resulting from the 'Troubles' in Northern Ireland, Smyth's research (2002) found that many respondents experienced a decimation of their sense of emotional safety and an accompanying sense of powerlessness. At the Pavarotti

Music Centre in Mostar, music therapists working with children who had lived through the Bosnian war found that this sense of helplessness often translated into a depressive state of lethargy and apathy. One such child appeared unable to make choices, or any changes in either his own or the therapist's music. After seven months, the child appeared to feel sufficient emotional safety with the therapist to begin to demonstrate less rigid and more experimental musical behaviour (Lange and McKinnery 2002 p. 166-7).

2.7 Music therapy special school consultation and skills sharing in the UK and overseas

Those music therapists who have undertaken skills-sharing projects with children, both in the UK and overseas, have written about working with a group of staff who have wanted to explore a different way of thinking about and relating with their client group (Coombes 2011, Sutton 2002, Quin 2007, Salcin-Watts 2007, Wells 2007). These authors share the common aim of supporting staff in their own work by supporting the development of skills in building relationships with children. Of the experience of a collaborative approach undertaken with special school teaching staff Sutton writes, "I became more aware of the impact of my work in a curriculum-orientated context because, as well as staff incorporating my perspective, I was able to learn more about their approach to the children in the classroom situation" (2002 p. 192).

2.7.1 Music therapy consultation in special education

Western European models of music therapy-based consultation in special schools have

evolved to seek the cooperation and involvement of classroom based staff in developing ideas in the context of current practices (Twyford and Rickson 2013, Pethyridge 2013, Rickson 2012, Sutton 2002). In Scotland, following government guidelines issued in 2010, three roles for Allied Health Professionals (AHPs) included a “targeted role” which aims to integrate therapeutic skills into everyday situations. Pethyridge (2013) suggests that managers are therefore motivated to enlist music therapists to provide guidance and training for classroom based staff (p. 24). Pethyridge’s small-scale qualitative study explored ways in which classroom-based staff might be supported to undertake eleven weekly interactive group music-making sessions with three children on the autistic spectrum in a specialist nursery. A safe, supported experiential learning process, with sufficient space to reflect supported practitioners to build on relationships with the children, primarily through careful observation of non-verbal communication and a more positive perception of the child. Understanding of the boundaries around professional roles and clear structures within which practitioners could build their own ideas were important in developing confidence. Themes which emerged from practitioners’ reflections on their work included an increased ability to wait for the child to initiate a musical interaction, awareness of the importance of repetition and the significance of valuing the child’s spontaneous contribution (pp 25-9).

In New Zealand, Rickson (2012) developed a protocol for music therapists working as consultants with staff teams. This research comprised four learning cycles with different staff teams working with pupils with severe special educational needs (SEN) in mainstream schools. Rickson agrees with the conclusions of Pethyridge (2013) and emphasises the central place of the relationship with practitioners in which the music therapist is mindful of her responsibility for their well-being throughout the process

(Chapter 5 p. 148). A positive outcome was a shift in practitioners' focus from children's problems to ways in which relationships and a facilitating environment could be maximised (pp 270-274). These findings are echoed by Twyford and Rickson's (2013) research on the impact of music therapy consultation involving four primary school children with SEN, their classroom staff and their parents (p. 127). The use of musical play in establishing a relationship with the child was highlighted and included creative vocal exchanges, the use of vocal commentary on the child's contribution and improvised singing to support instrumental sounds (p. 130).

2.7.2 Music therapy-based skills sharing in schools in the UK and overseas

The accessibility and usefulness of the creative arts in bridging cultural differences and opening important channels of communication has been much discussed (Salcin-Watts 2007, Henderson and Gladding 1998, Bradt 1997). Authors who have explored overseas skills-sharing work in music therapy agree on the necessity not just for local cultural knowledge and sensitivity and self-awareness on the part of the therapist (Coseo 1997 p. 145), but also for a knowledge of the meaning and reference of the culture's music in order to enable an ethical working approach (Bradt 1997 p. 137).

Quin (2007) emphasises the importance of the establishment of a "functioning partnership" in a music therapy-based, skills-sharing project based on mutually valued contributions by all parties: "Projects should be based on a locally identified need or request for support or partnership" (2007 p. 15). Coombes (2011) conducted a six-week skills-sharing project at the SOS school and village in Bethlehem with a staff group working with children who were showing behaviours consistent with traumatization

owing to war. Winnicott's theories of the holding environment (1960) and play (1971) provide the theoretical underpinning for this work. Salcin-Watts (2007), a music therapist with the charity 'Music as Therapy International'¹³ presents some of the principal differences in working with staff teams in former Soviet countries such as Romania. These include the meaning and status of the therapeutic relationship, musical language and translation and the sharing of original thoughts and ideas, all of which present ethical considerations for research (Chapter 3 pp 91-8).

Music therapists see the relationship with clients as always developing, and place emphasis and significance on this process ... Such awareness is often unused in eastern-based therapists in keeping with a medical, or educative model of working, whereby a therapist hierarchy involves "treating a patient" rather than developing a relationship with respect to supporting a therapeutic journey with a client (p. 44).

Fellow 'Music as Therapy International' therapist Wells (2007) describes in rich detail work with a care professional and a child with complex needs during a skills-sharing project in Romania. Supporting the child's carer to be able to wait and to allow space for the child both to make her own sounds, and to become aware of the adult's interest in them was a significant aspect of the work. The joy experienced by the child in being able to initiate and develop the musical response was emphasised (p. 40). The adult also found that 'letting go' of her own expectations for the child enabled the relationship to develop further (p.41).

Ways in which the literature reviewed informed the research fieldwork at CRC Minsk will be presented in Chapters 3, 4 and 5.

¹³ <http://www.musicastherapy.org/> Accessed 24th November 2017

2.8 Research Questions

This chapter's review of the literature has generated the following research questions:

1. What are the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's (1993b) theory of defectology?
2. To what extent and in what ways might these theoretical principles be accessible, relevant and applicable to Belarussian classroom-based staff in relation to their work with children with complex needs?
3. What is the impact of this learning, if any, on the nature of the relationships between the staff and children with complex needs?

The methodology used to address these research questions is presented in Chapter 3.

3 Chapter 3: Methodology

3.1 Introduction and summary of the aims of the research

This research firstly investigates the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's theory of defectology (1993b). Second, it considers, whether, and if so in what ways, those practitioners can accommodate and assimilate Winnicott's theories, and their usefulness in supporting work with children in the classroom. Finally, the research explores perceived changes in the nature of relationships between the group of staff and children with complex needs arising from this experience. This chapter will present the methodologies used in this complex field of enquiry, together with a discussion of methodological and ethical issues.

3.2 Rationale for Methodology

3.2.1 Evidence-based practice

In current special education services in the UK and abroad, there is a growing requirement for quantitative evidence of the efficacy and consequent value for money of music therapy (Rickson et al 2016, Roman 2016). Music therapists have a professional and ethical imperative to provide the best possible care for those they support (Health and Care Professions Council 2016). This involves continuous integration of research that uses a variety of methodologies into evidence-based practice with the client at the

centre. A central assumption of mixed methods research (MMR) is that the strengths of quantitative and qualitative methods are combined, providing multiple ways of “knowing”, a greater variety of perspectives and findings which can be applied within practice-based settings (Bradt, Burns and Creswell 2013 pp 123-4). This implies that quantitative and qualitative approaches alone may often be inadequate to understand the research topic (p. 125, Creswell 2015 p. 2).

Mixed methods have previously been used in research in music therapy (Aigen 2008), and the use of this methodology has increased in recent decades. However, mixed-methods research (MMR) as a specifically defined methodology is a more recent development in the field. The first methodological article on MMR in music therapy was published in 2013 (Bradt, Burns and Creswell 2013), followed by guidelines for the submission of MMR articles to the Nordic Journal of Music Therapy (Bradt 2015). Within this peer-reviewed journal, guidelines for specifically quantitative research articles have existed since 2005 and those for qualitative reports since 2012 (p. 291).

Rickson and colleagues (2016) explored factors influencing the design of research to investigate the effectiveness of music therapy with children with autism spectrum disorder (ASD) in New Zealand. A conflict between the heterogeneous nature of this population and incongruent demands for purely positivist evidence was foregrounded. A combination of a small number of music therapists working with children with ASD and a reported divergence of quantitative research approaches with improvisatory, person-centred, strengths-based values of New Zealand music therapists were contributory factors. However, the need for evidence which would satisfy policy makers and funders of music therapy, as well as be satisfying to practitioners was emphasised. MMR was

chosen as a design which would provide outcome data as well as understanding of the treatment process (p. 122). MMR was found to be particularly useful for researchers in applied fields such as the arts therapies, enabling a focus on research questions that require contextual and sociocultural understanding (p. 123).

A study by Lindenfelser, Hense and McFerran (2012) sought to investigate whether music therapy could benefit terminally ill children and their families. This was the first MMR study in music therapy to use a validated outcome measure to produce quantitative data. The sample was fourteen families receiving home-based palliative care. Five sessions of music therapy were provided and quantitative data collected pre- and post-intervention. After the fifth music therapy session, parents engaged in a semi-structured interview with the music therapist (p. 220).

Employing a MMR single case study design, Gilboa and Roginsky (2010) sought to examine the impact of the self-designed dyadic short-term music therapy treatment “DUET”. Treatment was undertaken with a four-year-old child with cerebral palsy and his mother. Qualitative analysis was conducted on video recordings of all sessions and on audio-recordings of feedback sessions with the mother. Patterns of communication were identified and quantitatively analysed to explore frequency and trend within the musical interaction (p. 109).

An MMR study in the field of psychology examined the impact of a multi-cultural therapy practicum training model on work with refugees (Kuo and Arcuri 2013). While participating in “cultural immersion training”, clinical psychologists on this American programme provided psychotherapy to refugees from diverse ethnic backgrounds.

Quantitative data were generated from pre- and post-practicum questionnaires which included the Multi-Cultural Counselling Inventory (Sodowsky et al. 1994). Qualitative thematic content analyses (Braun and Clarke 2009) were then conducted of the first five entries in reflective journals completed by participants during training. These results were used to corroborate the findings of quantitative analyses (p. 1036-8).

3.2.2 Philosophical considerations

Onwuegbuzie (2012) proposes that mixed methods researchers should occupy the “radical middle” between postpositivist, or objectivist (mainly associated with quantitative research) and constructionist, or interpretative/subjectivist (mainly associated with qualitative research) paradigms. The “radical middle” is defined as; “a new theoretical and methodological space in which a socially just and productive coexistence among all research traditions is promoted actively (p. 194). He states:

Simply put, mixed researchers in the radical middle should advance the idea that good research is good research, whether it stems from the quantitative, qualitative, or mixed research tradition, as long as meaning ensues that represents interpretive consistency which denotes the degree of consistency between the methods used and the researcher’s inferences and generalizations (p.195).

In further seeking to lessen the tension between “purist” quantitative and qualitative stances, he suggests areas of similarity between constituent methods including the use of coding, the assessment of the consistency of findings and the comparison of findings between groups (p. 198). This implies that participation in both quantitative and qualitative forms of data collections is not necessarily philosophically incompatible. Music therapist Bonde (2015) agrees, describing his mixed methods research design as “eclectic”, in that each aspect of the design necessitated a specific method. He argues

that “the design ensured results enabling a dialogue between research cultures and their representatives.”

Johnson and Onwuegbuzie (2004) propose pragmatism as the ideal philosophical partner for MMR, describing this as a paradigm which more fully encompasses practical research (p. 15): “Pragmatism also helps to shed light on how research approaches can be mixed fruitfully ... in ways that offer the best opportunities for answering important research questions” (p. 16, Rickson et al. 2016 p. 123). Robson (2011) summarises the main features of pragmatism as outlined by Johnson and Onwuegbuzie (2004 p. 18); “The central idea is that the meaning of a concept consists of its practical implications” (p. 28). This tenet is relevant to the present research as methodological approaches were chosen according to “what works best” in answering the research questions (ibid.). The high regard awarded to the “reality and influence of the inner world of human experience in action” and social construction of knowledge within the real world were also supporting factors (Johnson and Onwuegbuzie 2004 p. 18).

3.3 Research Design

3.3.1 Convergent mixed methods research design

In selecting the most appropriate mixed methods design, a consideration of the researcher’s worldview is advocated (Bradt, Burns and Creswell 2013 pp 126-7). For example, conducting MMR research in music therapy with terminally ill children and their families, Lindenfelser et al. (2012) describe their world view as valuing research participants as experts.

Commentators agree that, in exploiting the strengths of MMR, quantitative and qualitative strategies combine to produce a rich data set (Bradt, Burns and Creswell 2013 p.125) which further serves to triangulate the findings (Miles, Huberman and Saldana 2014 p. 43). Table 3:1 illustrates the employment of qualitative and quantitative methodologies in answering the three research questions at the centre of this enquiry.

The research questions indicated a need to investigate process and experience as well as outcomes (Bradt, Burns and Creswell 2013 p. 131). In the interests of a holistic representation of the research findings, two separate analyses of the data collected from Belarusian staff participants were carried out at CRC - firstly of the qualitative interview data only, driven by the research questions (Chapter 5 pp 203-208).

Table 3:1 Mixed methods methodology in respect of the research questions

Research Question	Methodology	
	Qualitative	Quantitative
1. What are the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's theory of defectology?	*	
2. To what extent and in what ways might these theoretical principles be accessible, relevant and applicable to Belarussian classroom based staff in relation to children with complex needs?	*	*
3. What is the impact of this learning on the nature of the relationships between the staff and children with complex needs?	*	

Belarusian Staff Participants: Data Collection and Analysis

UK Music Therapist Participants: Online Study: Data Collection

Time
Line

June 2014 – June 2015

June 2015 – December 2015

January – February 2016

Procedures
*10
Participants purposefully selected by Director of CRC.
* Self-selected video clips pre and post intervention self-rated using evaluation instrument prepared by researcher.

**Quan
Data
Collection**

Products
* Database of 8 self-ratings pre and post intervention.

Procedures
* Same 10 participants purposefully selected by Director of CRC.
* Semi-structured interviews with participants pre and post intervention.
* Reflections on changes in relationship with the child.

**Qual
Data
Collection**

Products
* Text database of 16 transcribed Interviews.

Procedures
*16 purposefully sampled UK music therapists.
* Online study evaluating same 16 self-selected video clips from CRC staff's work with a child with complex needs.

**Quan
Data
Collection**

Products
* Database of ratings of same 16 randomly presented video clips by 16 UK music therapists.

Procedures
* Same 16 purposefully sampled UK music therapists.
* Comments invited on each video clip as part of the online study.

**Qual
Data
Collection**

Products
* Text database of observations about each of the 16 video clips, self-selected by CRC staff participants, evaluated in the online study.

Procedures
*Cleaning database.
* Input of pre and post intervention self-ratings of 8 reliable participants' data into computer program.
* Descriptive statistics generated.

**Quan
Data
Analysis**

Products
* Statistical results in tables according to the descriptors of the evaluation instrument.
* Descriptive statistical results.

Procedures
* Thematic analysis of 16 reliable interview transcripts.
* Descriptors of the same evaluation instrument as used in quan data collection drive thematic coding.

**Qual
Data
Analysis**

Products
* Thematic material coded and grouped according to the same descriptors as results of quan data analysis.

Procedures
*Cleaning database.
* Input of ratings into computer programs.
* Descriptive statistics generated. Separate Chi Square test.

**Quan
Data
Analysis**

Products
* Statistical results in tables according to the descriptors of the evaluation instrument.
* Descriptive statistical results. Chi Square statistical result.

Procedures
* Transcription of thematic data under same descriptors as results of quan data analysis.

**Qual
Data
Analysis**

Products
* Thematic material coded and grouped according to the same descriptors as results of quan data analysis.

**Merged
Interpretation**

Simultaneous comparison of quan and qual data sets.
Joint display of quan and qual data sets.

(Above) Figure 3:1 Mixed methods data collection and analysis

Research question 2 (table 3:1) necessitated both a statistical investigation of the growth of participants' knowledge and skills, together with a qualitative examination of the factors which fuelled and supported this change. To fully represent the perspectives of participants, a second design was employed in which both quantitative and qualitative data were collected firstly from staff participants at CRC, in response to self-selected video material of their work pre- and post-intervention, and secondly from sixteen UK music therapists in an online peer-review of the same material (Chapter 5 p. 201). As described by Bonde (2015), this research design enabled a discussion in which participants could both consider, assess and integrate their own process of change in understanding and relating with the children alongside the development of concrete skills. The data were collected simultaneously, analysed separately and then integrated to provide a joint display. According to Creswell (2015 p. 36) and Bradt (2015 p. 292) these are requisite criteria of a convergent mixed methods research design (figure 3:1).

3.4 Methodological challenges

3.4.1 Recruitment of CRC staff participants

In accordance with the approved research proposal twelve classroom practitioners were to be selected, in advance, by the Director of CRC to participate in the gathering of data. This selection was based on the Director's perception of those participants' competence and experience, as well as their expressed interest in the research. The literature review and previous local experience suggested that seeking voluntary participation would have been arbitrary. The Director would likely have chosen participants based on their ability to positively represent CRC (Denscombe 2008 p. 189, Gilham 2000 p. 81). Although this

has appeared to benefit the richness of the research, the impact on potential generalisation of the findings is acknowledged.

3.4.2 Environmental pressures

Undertaking real world research at CRC presented challenges in terms of environmental pressures present for classroom practitioners, both within the Centre, and in the wider sociocultural context. Locally, these included repeated inspections from the Government Department of Education, while anecdotal reports suggested that contemporary tensions between Belarus' geographical neighbours Ukraine and Russia were causing political pressure and consequent increases in general societal surveillance. Added to this were long working hours and low pay, reportedly high incidences of staff sick leave and cases of burnout at CRC. Lack of cover for absent staff with subsequent increased work pressure presented potential challenges to sustained participation in the research.

3.4.3 Translation

The researcher's insufficient Russian language skills and participants' lack of English language skills necessitated the employment of a translator for live and written translation between Russian and English in each research phase.

Commentators agree on the centrality of the translator within inter-cultural research; further, that the competence, perspective and professional circumstances of the translator will affect the quality of the translation (Temple and Young 2004 p. 162, Birbili 2000 p. 1, Temple 1997 p. 607). The translator's confidence in his or her position could influence the interpretation of material, as he or she will continue living in situ once the research is ended (Temple 1997 p. 610). Authors also agree on the importance of rapport

and empathy between researcher and translator, combined with the translator's understanding of the research and the researcher's understanding of sociocultural context in mediating possible misunderstanding (Kuo and Arcuri 2013 p. 1041, Torikai 2010 p. 87, Temple and Young 2004 p. 164, Birbili 2000 p. 4).

Conducting research at CRC was entirely dependent on the collaboration of the Belarusian translator. Her position is perhaps unusual in that she is married to a US citizen, and so has greater knowledge and experience of Western culture than is typical for most Belarusians (Lovas and Medich 1996 p. 13). She is a Director of one of the founding charities of CRC, and so has a professional investment in the Centre (see section 3.4.4), and has worked alongside professionals from the charity with whom the researcher is employed. She is trained in psychology and special education and has facilitated numerous trainings with Belarusian staff teams involved with children with learning disabilities in general and autism in particular. The researcher could have confidence that the translation was based in knowledge and experience of the field of work (Temple 1997 p. 611). The translator and researcher had an existing professional relationship resulting from the previous music therapy-based workshops undertaken at CRC in 2009. A mutual passion both for working with children with complex needs and for education and support for classroom practitioners underpinned the ongoing development of that relationship. This facilitated ease and honesty of communication regarding issues of translation.

Temple and Young (2004) suggest that translators in intercultural research begin to assume a "hybrid role ... in that, at the very least, the translator makes assumptions about meaning equivalence that make her an analyst and cultural broker as much as a translator" (p. 171). This finding was corroborated in research by Torikai (2010), which

found differences between the self-perception of Japanese conference translators' role and the reality. Translating from Japanese to English, participants described themselves as "invisible conduits", when in reality, their role was found to be that of "cultural mediator" (p. 76).

Temple (1997) posits that meaning implied by two languages cannot be assumed to be the same, even in direct linguistic translation. Meaning is constructed between the participant, researcher, translator and the reader (p. 609). In respect of written materials, back-translation has been advocated as a methodological and ethical imperative (Birbili 2000 p. 4). Temple also advises discussion between researcher and translator around context and concepts, as well as syntax when "de-briefing" the translation experience (ibid p. 607). Temple and Young (2004) advocate dialogue as to how decisions regarding interpretation were reached (p. 170). In the de-brief conversation held between the researcher and translator in April 2015, the translator reported that, while the language associated with work with children with complex needs was known to her, there were times where it was necessary to clarify meaning with the researcher about some theoretical ideas. Comparable written translations were also consulted to achieve parity of both meaning and semantics.

Independent verification, via back-translation, of both live and written translation from English to Russian was sought via an independent translator. Back-translation of the live translation was undertaken via a 30-minute extract from one of the filmed theoretical teaching sessions with CRC staff participants during research Phase 2. The Russian translation of the evaluation instrument document (Chapter 4 pp 121-122) was back-translated into English by the same independent translator (Appendix A). This confirmed

the accuracy of the linguistic translation. Regular informal translation “checks” with the translator and staff participants during the research fieldwork were also carried out.

3.4.4 Bias and rigour

MMR has been described as particularly influenced by issues of bias and rigour (Robson 2011). There is often a closer relationship between the researcher and the institution, and between the researcher and the participants than is typical of experimental research designs. Robson (2011) describes the ameliorating effect of sustained involvement with the research setting, stating that the establishment of trust between researcher and participants over a period of weeks or months can reduce possible reactivity and biased feedback from participants (p. 157). The fieldwork for this research was conducted over a period of six months from June to December 2014. Subsequent additional follow-up contact was then maintained with via Skype.

However, the converse may also occur – that prolonged involvement with the research setting can cause either positive or negative biases to develop between researcher and participants (ibid). The fieldwork at CRC was conducted in five visits during the six-month period (Chapter 5). Three visits were of one week’s duration and two of two days’ duration. In between, the researcher returned to the UK and discussed the work with supervisors. The researcher was supported in delivering the staff development programme by a music therapist colleague, who offered both a second perspective on participants’ involvement and engaged in detailed peer debriefing and support.

Triangulation was used to ameliorate bias arising from the “researcher-as-instrument” and to support methodological rigour (figure 3:1, Robson 2011 p. 158). This included the

use of mixed methods, employing both quantitative and qualitative methodologies (Creswell 2015 p. 2), the involvement of an additional professional perspective as described and recourse to different forms of data collection (Robson 2011 p. 158). In addition to methodological challenges pertaining to translation, potential for bias also arose from the translator's sustained involvement with CRC. To offset this, (and in addition to the back-translation described in section 3.4.3), observations offered by the translator's professional colleague were actively sought in debriefing conversations during each visit. The translator's close working relationship with CRC was a great advantage to the research. However, a potential conflict of interest should also be acknowledged. The translator was not exclusively professionally attached to CRC, but rather worked in centres for children with complex needs across Belarus.

3.4.5 Outcome measurement tools

The use of a suitable outcome measurement tool is fundamental to the gathering of reliable data. Undertaking research in which both the instrument itself, and the instruction as to its use must be translated from English to Russian, presents particular challenges. Bridges (2009) states:

The understanding(s) we extract from experience is or are also a function of the understanding(s) we bring to that experience – the language, the concepts, the theories which frame our reading of that experience and enable us to render it intelligible to ourselves (p. 111).

The literature revealed no one validated outcome measurement tool which could appropriately evaluate the responses of an adult practitioner and a child with complex needs within a musical interaction. As such, the decision was made to create a new

evaluation instrument using Winnicott's theories of the holding environment (1960) and play (1971), as understood and practised by psychodynamic music therapists as the theoretical framework. To the best of the researcher's knowledge, this is the first outcome tool designed to measure changes in classroom practitioners' musical interactions with and responses to a child with complex needs in the special school setting. The development and application of the evaluation instrument within the research are detailed in Chapter 4.

3.5 Ethical Challenges

Undertaking research with classroom practitioners and children with complex needs at CRC Minsk presented complex ethical challenges. Following ethical guidelines associated with psychologically based research (British Psychological Society 2009) and best practice in overseas music therapy-based work (Quin 2007, 2004), ideas to support CRC staff development in relationships with children with complex needs were introduced within the local context of the staff's own knowledge base and classroom practice (BPS 2009 p. 10, Trimble 2006 p. 6).

3.5.1 Outsider Research

David Bridges (2009, 2001) offers an over-arching context for thinking about such issues from the perspective of the possibility of "outsider understanding" in education and research. His writing explores basic criticisms levelled at inter-cultural research, of which two are particularly relevant. Firstly, that only those who have participated in an experience can understand that experience (2001 p. 373) and secondly, that outsiders import damaging frameworks of understanding (p. 376). These principles are also the

basis for corresponding ethical considerations of the British Psychological Society (BPS 2009) and Health and Care Professions Council (HCPC 2016).

Authors who have explored inter-cultural skills sharing work in music therapy agree on the necessity for local cultural knowledge and sensitivity, together with self-awareness on the part of the therapist (Quin 2007). In psychodynamic music therapy, there is the further possibility that “held stereotypes and prejudices, whether conscious or unconscious, may enter into treatment and elicit responses that can negatively impact treatment” (Coseo 1997 p. 145). Temple and Young (2004) state that two different language using cultures are seldom, if ever free of a power differential and that how researchers see participants from that culture will directly affect their representation (p. 197). Bridges acknowledges that researchers cannot be immune from such prejudices, but that awareness based in knowledge and experience should prevail (2001 p. 376).

Attitudes of those who oppose the current political regime of Belarus have remained highly critical. For the albeit well-intentioned Western European therapist, there is the danger of importing at best incongruous frameworks of understanding through assumptions, informed by Western European media, of the experience of people living and working in “the last dictatorship in Europe” (Bennet 2011). An example may be that, despite their traumatic history, Belarusians do not perceive Russians as “occupiers”. Indeed, Chapter 2 (p. 56) revealed a combination of idealization of the Soviet past and nostalgia for the economic and social security of that era (Gherghina and Klymenko 2012, Lenzi p. 403, Shutova 1999 p 14).

3.5.2 Issues of trust

As described in Chapter 2 (p. 57), denunciation was encouraged for Soviet citizens who, therefore, did not readily trust outside, even sometimes inside the family unit. In a pervading atmosphere of fear and mistrust, children “learned to whisper” (Figs 2007 p. xxxii). Research protocols appropriate to local customs, legal frameworks and cultural expectations were extensively explored through available literature and with the Director of CRC during the first research phase (BPS 2009 p. 16, Trimble 2006 p. 6). However, key challenges remained.

3.5.3 Respect for the autonomy and dignity of persons (BPS 2009 p. 8, HCPC 2016)

The spirit of enquiry which the researcher, as an outsider, was required to bring to the experience of “insiders” in the community of CRC Minsk involved:

- Researcher humility in acknowledging one’s own lack of understanding, and appropriate appreciation of participants’ commitment.
- Respect for participants’ knowledge, insight, experience and expertise (Quin 2007 p. 12 Trimble and Fisher 2006 p. 11, Bridges 2001 p. 384), and respect for cultural differences which included socio-economic considerations (Salcin-Watts 2007 p. 45, Bridges 2001 p. 376, Coseo 1997 p. 145).
- Awareness of the potential for disempowerment on the part of participants should they feel that their views and experiences were ‘being expressed for them’ (Bridges 2001 p. 371) or that their words would be used to frame the researcher’s own arguments (p. 381).

As stated, all aspects of verbal and written discourse with participants were translated from English to Russian, and their responses translated from Russian to English.

Assumptions of understanding, and norms of verbal communication; for example, words describing emotions were explored with the translator and with participants during each research phase (Bradt 1997 pp 137-8). It was also important to understand culturally specific norms of non-verbal communication such as personal space, body language and touch concerning both staff and child participants (ibid.).

3.5.4 Disruption

It is never going to be easy to determine the boundary between the 'alien' and that which merely challenges existing orthodoxy, between the 'inappropriate' and the appropriate but different; between the 'damaging' and the legitimately disruptive. The sensitive negotiation of these boundaries between insiders and outsiders is, in my view, one of the key responsibilities of the researcher (Bridges 2009 p. 119).

Developed in response to CRC's stated request for support in developing relationships with children with complex needs (staff feedback document 2009), the content and delivery of each research phase was conceptualised and constructed according to self-specified local need (Trimble and Fisher 2006 p. 6, Quin 2007 p. 15). This aimed to promote project sustainability through a "functioning partnership" (Quin 2007).

Literature reviewed and consultation with the Director of CRC informed this local context (Trimble and Fisher 2006 p. 6).

The potential for disruption through the introduction of new ways of thinking about working with children with complex needs to Belarusian classroom practitioners was carefully considered. "Outsider" theoretical ideas which might have felt alien to the "insider" group (Salcin-Watts 2007 p. 44) were introduced from a culturally sensitive

perspective (Chapter 5). Throughout, the aim was to facilitate an environment which encouraged free discussion of all aspects of the research topic, recognized the dynamic nature of ethical deliberation with individual participants and avoided over-simplistic interpretation of participants' contributions (Trimble and Fisher 2006 p. 28).

3.5.5 Informed Consent

The research procedure was dependent upon voluntary active involvement from CRC staff participants and children. In each phase, a realistic degree of collaboration was sought within the pre-determined research agenda.

According to critical Western commentators, Belarus has been described as “a living museum, a microcosm of the USSR, in international shadow under the authoritarian leadership of president Lukashenko” (Bennett 2011 p. 2). Belarusians have been described as adhering to “patriarchal and traditional values – archaic conservatism, low demands and fear of competition and freedom ... loyalty to any centre of authority, passivity and compliance” (Padhol and Marples 2011 pp 406-7). Experiencing surveillance as a part of life, Belarusians reportedly typically seek a low profile and do not offer opinions, particularly to those whom they perceive to be in authority. These observations are congruent with those of music therapists who have undertaken skills sharing projects in post-communist Romania, where suggestions of case conferences were threatening to staff teams unused to sharing their thoughts freely in the presence of supervisors (Salcin-Watts 2007 p. 47). Bridges (2001) argues that even where so-called disempowered populations cannot have confidence to express views, this should be negotiated between researcher and participants, not a barrier to ethical research (2001 p. 377).

In consultation with the Director of the charity Music as Therapy International (Chapter 2 pp 76-78) which operates in post-Soviet countries including Romania and Georgia, and the Head of Ethics at University of Roehampton, a system of rolling informed consent was offered to CRC. Informed consent was sought prior to each project phase and a consent form signed by staff participants and parents of child participants (appendices B and C). The involvement of staff participants was closely monitored by the researcher, and that of participating children by both the researcher and CRC staff for signs of discomfort or unease.

Informed written consent was also sought for the use of video material for the purposes of data collection (Chapter 5 pp 192-201), as well for supervision and examination purposes from both staff participants and parents of participating children. Consent was consistently sought from staff participants in the group arena, so that questions and anxieties could be aired and thought about, and participants reassured of their right to withdraw at any time without consequence. All aspects of each research phase were fully explained to participants in both verbal and written form. Staff participants were supported to consider and share their own thoughts and feelings about the impact of new ideas in the interests of experiential learning.

Once entry permission was agreed with CRC, an initial research plan and project flow diagram (figure 5:2 p. 154) were sent to the Director to explore local viability.

Amendments appropriate to local context and needs of staff and children were invited. None were suggested. A translated information leaflet, outlining the research aims and procedures was then sent to all CRC staff in advance of the first phase of the fieldwork (BPS 2009 p. 18). During the introductory workshop of the fieldwork, a detailed, live

translated presentation was made to the CRC staff team and discussion and questions invited. The evaluation instrument, which was central to all aspects of the project fieldwork (Chapter 4), was taught in stages in situ and included exercises aimed at minimising participant anxiety regarding its application in data collection (Chapter 5).

3.5.6 Exploitation

Addressing the issue of mutuality of benefit of “outsider” research to researcher and participants, Bridges (2001) argues that “there has to be the link between something which they (participants) perceive to be a benefit ... and the commitment they are being asked to make” (p. 378). The commitment asked of CRC staff and children was significant. The research has responded directly to the locally identified need for support in building relationships with children at CRC and has represented several weeks of cost-free staff development input in monetary terms. Resources to support the work in Phase 3, including instruments and a video camera were also donated to CRC. The researcher aimed to follow Bridges’ (2009) guidance in terms of responses to the generosity of participants’ time and commitment based in true gratitude and an appreciation of the mutuality of relationship (p. 379).

A peer review of CRC staff participants’ self-selected video clips by 16 UK music therapists formed an integral part of data collection (Chapter 5 p. 201). This assessment potentially creates an imbalance as CRC practitioners have not had the same opportunity. During Phase 2, CRC staff regularly rated examples of interaction between UK therapists and children with complex needs during observation sessions (Chapter 5 pp 176-179). Further opportunities for Belarusian practitioners to participate in the assessment of UK music

therapists' work will be sought where possible; for example, during dissemination of research findings at CRC at the end of the research process.

3.5.7 Confidentiality

The Data Protection Act (1998/2003) states that information obtained about a participant during an investigation is confidential unless otherwise agreed in advance as part of informed consent. All participants were guaranteed anonymity except where harm might be disclosed to participants or others. This formed part of the participant consent form (Appendix B). The parental consent form for participating children also asked parents to give informed consent for their child to be filmed for research purposes and for the video data to be used for supervision, examination and conference presentation purposes (Appendix C). Consent will also be sought regarding publication of research findings.

CRC staff participants were advised that all research materials, including video and audio recordings, would be kept confidential unless harm was disclosed. Participants were advised to give information pertaining to only to their own work and to participation in the research and to withhold personal details.

3.6 Fieldwork site and entry permissions

As described in Chapter 1 (pp 24-27), there has been a radical reform of state provision for children with learning disabilities in Belarus in the past ten years as Development Centres have largely replaced Special Boarding Schools (Vargas - Baron, Janson and Mufel 2009). An "Innovative Substance of Education of Children with Multiple Disorders" is

provided in 142 Centres for Correction, Development, Training and Rehabilitation” (Konopleva and Kunstevich 2009 pp 12-13). Defectological intervention is organised as a “highly specialised service” (Vargas-Baron, Janos and Mufel 2009 p. 16). CRC has been one of the pioneers of this educational system for children with severe learning disabilities and complex needs. Uniquely in Belarusian special education, CRC staff received person-centred training from UK practitioners employed by one of the founding charities during the establishment of the Centre. Despite this, following the introductory music therapy-based skills sharing project of 2009 one participant said: “The main difference between their (the author and colleagues) work and ours is that we expect the children to achieve the results we engineer and plan for them while losing the real opportunities the child has” (written staff feedback document 2009).

Around thirty children with learning disabilities together with their families are supported by CRC (figure 3:2). The service comprises individualised specialist teaching together with a stimulating, child-centred environment and high quality adapted care facilities for overnight stays. CRC aims to enable children to develop new skills and maximise their independence. Families are encouraged to continue to care for their children, knowing that they can have regular breaks and ongoing support.

As is usual in Belarus, the direct approval of the governmental Minister for Education was also required for the research. The Minister had met with the researcher and had briefly participated in the music therapy-based skills sharing projects of 2009 and so had some understanding of the proposed research. Once entry permission was gained, an agreement was drawn up between the Department of Education, Sports and Tourism of

the Administration of the Partisansky District of Minsk, and the Department of Education, University of Roehampton outlining the commitment of both parties.



Figure 3:2 Children's Rehabilitation Centre Minsk

A study by Kuo and Arcuri (2013) presents a training model for multi-cultural psychological therapy involving refugees. Describing the history, development and support for collaboration with the University of Windsor, Ontario and the agency concerned they state: "The instructor's visibility and active presence in the community seems to have imparted him a degree of credibility and expertise within that community, and likely has contributed to a positive, enduring working relationship with the partner agency" (p. 1033). This finding supports the importance of a positive working relationship, not just to the viability of ongoing work, but also to the early establishment of trust with a staff team.

3.7 Participants

3.7.1 Recruitment

CRC Staff Participants: Twelve CRC classroom practitioners were to be selected, in

advance, by the Director of CRC to participate in the gathering of data in Phases 1 and 4 of the research. Owing to staffing levels required during term-time, eleven participants was the maximum number available.

Staff participants were assured of their right to withdraw from the study at any point without consequence at the start of each phase of the research fieldwork. In accordance with the literature reviewed (Coombes 2011 p .11), participants who seemed unable to verbalise their wish to withdraw from the research instead made this clear by their actions; for example, one participant gave being “too busy” as her reason for complete non-attendance of the central staff development programme (Phase 2).

The issues were explored with the participants concerned and they were supported to withdraw from the research where needed. In the case of three participants, insufficient attendance in key fieldwork phases rendered their data unviable. Consequently, the decision was made to focus on the data of the eight staff participants who were consistently engaged with the overall process for the purposes of data analysis.

CRC Child Participants: The research design required each staff participant to work with the target child consistently for the duration of the research fieldwork. With the agreement of the children’s parents and the Director of CRC, each staff participant chose the child with whom she would work. In two cases, the child concerned was not available after the first research phase. One child had permanently left CRC, and the other experienced health issues. In the interests of pragmatism, those 2 staff participants then chose a second child with complex needs, with whom to work during the fieldwork.

(Below) Table 3:2 Demographic: CRC Staff Participants

<i>Participant Number</i>	<i>Education</i>	<i>Professional Experience</i>	<i>Areas of expertise</i>	<i>Previous experience of using music with children with complex needs in the classroom</i>
<i>P1</i>	Pedagogical University. Training course for pre-school educators	13 years at CRC 31 years total in education	Advanced care course Introduction to Music Therapy (2009)	Weekly participation in music classes as part of role at CRC.
<i>P3</i>	Pedagogical University: pre-school education	8 years at CRC 25 years in mainstream and special education	None stated	Weekly participation in music classes as part of role at CRC.
<i>P4</i>	Pedagogical University	8 years at CRC	Music. Advanced vocal course	8 years classroom music
<i>P5</i>	Pedagogical University	8 years	Body-orientated therapy, visual arts.	5 years: since previous music therapy-based skills sharing project in 2009.
<i>P7</i>	Pedagogical University Medical College	13 years at CRC	Non-verbal communication Medicine	5 years: since previous music therapy-based skills sharing project in 2009.
<i>P8</i>	Pedagogical University	3 years at CRC	Audiology	Weekly participation in music classes as part of role at CRC.
<i>P9</i>	Pedagogical University	15 years at CRC	Alternative communication, sensory integration, basal stimulation, occupational therapy, Montessori	None stated
<i>P10</i>	Pedagogical University	25 years	None stated	5 years: since previous music therapy-based skills sharing project in 2009.

3.7.2 Demographic: CRC staff participants

Prior to the commencement of the research, the eleven staff participants were each asked to provide simple written background information about their professional experience under the five headings shown in table 3:2, which presents this material for the eight staff participants who completed the full research process. All were female and all were currently in full-time employment as classroom practitioners at CRC. All except one had eight years or more experience of classroom-based work with children with complex needs. A variety of professional roles within CRC was represented. These are not given in Table 3:2 for reasons of privacy.

3.7.3 Demographic: CRC child participants

Each CRC staff participant was asked to provide simple background information about the child with whom they would be working during the research under the five headings shown in table 3:3. All children whose parents had given consent to participate had complex needs. The term complex needs, as understood by both the researcher and the participating classroom practitioners, in relation to participating children, adheres to the definitions described in Chapter 1. In Belarus, complex needs are termed “severe multiple developmental disorders” (Konopleva and Kuntsevich 2009 p. 13). All children experienced communication difficulties which may often arise from a complex combination of environment, constitution and developmental experiences (Ockelford 2009 p. 2) and were living with either one or both parents (table 3.3). The researcher was informed that the father was no longer present in the family home in two cases.

<i>Child's initials</i>	<i>CRC Staff</i>	<i>Age</i>	<i>Summary of the child's needs</i>	<i>General mobility</i>	<i>Verbal/non-verbal</i>	<i>Reason for selection for this research</i>
MD	P1	7 yrs	General developmental delay.	Ambulant.	Non-verbal	Responsive to and stimulated by music. Behaviour during group sessions is difficult.
KD (Phase 1)	P3	9 yrs 4 months	Autism, severe learning disability.	Ambulant.	Non-verbal	Shows great enjoyment of music, sings with his favourite songs. To improve communication.
IY (Phases 2 – 4)		9 yrs 8 months	Cerebral palsy, severe learning disability, hyperkinesia, motor problems	Wheelchair user, severely limited mobility in legs.	Non-verbal	Communication difficulties. Shows great excitement in response to music.
SP	P4	7 yrs 8 months	Cerebral palsy, autistic tendencies, visual impairment, motor and positioning issues.	Wheelchair user. Special equipment required for correct positioning.	Non-verbal	Enjoys music sessions, but experiences great difficulty in group work. This manifests in behaviour.
SD	P5	5 yrs 7 months	Atypical autism, severe learning disability.	Ambulant.	Non-verbal	Difficulties in working with a group. Tires quickly and becomes anxious. Stimulated by music.
SA	P7	7 yrs	Autism, severe learning disability.	Ambulant.	Non-verbal	Sensory issues. To improve communication through music and give a medium for self-expression.
MZ	P8	6 yrs 2 months	Cerebral palsy, behavioural issues, autistic manifestations.	Ambulant.	Non-verbal	Stimulated by “anything that jingles or rattles”. To improve communication through music.
AL	P9	14 yrs 4 months	Epilepsy, autism, severe learning disability.	Ambulant.	Non-verbal	As the child is non-verbal, to improve communication with P9
SK (Phase 1)	P10	6 yrs 4 months	Cerebral palsy, reduced mobility, epilepsy.	Wheelchair user.	Non-verbal	Loves to watch TV. Calms when he hears music. Can indicate preference of tunes.
AT (Phases 2 – 4)		3 yrs	Cerebral palsy, severe learning disability, severe motor disorder, epilepsy, hyperkinesia.	Wheelchair user, severely limited mobility in legs.	Non-verbal	Not provided.

(Above) Table 3:3 Demographic: CRC child Participants

In one case, marital break-down had meant that the mother had moved herself and her two sons, both of whom have complex needs, into one room in a hostel.

The experience of complex needs has an attendant emotional effect (Stokes and Sinason 1992 pp 50-54). Emotional pressures and restrictions may precipitate and/or exacerbate difficulties with communication. Five participating children had cerebral palsy and an associated degree of physical disability. Two children had epilepsy and one had a visual impairment. Four children were on the autism spectrum. According to the World Health Organisation¹⁴, this means that, while certain difficulties are common to all autistic children, the individual impact will be unique. The UK National Autistic Society¹⁵ describes three principal areas of difficulty experienced by children on the autism spectrum as:

- difficulty with social communication
- difficulty with social interaction
- restricted and repetitive behaviours and interests

In addition, four children were described as manifesting behavioural issues, particularly in relation to working in a group in the classroom. There is a focus, in Belarusian Development Centres, on the Vygotskian principle of a specifically tailored learning environment (Konopleva and Kunstevich 2009 p. 2). Each child is supported by their own “Individual Programme of Care, Education and Development” (IDP).

¹⁴ <http://www.who.int/mediacentre/factsheets/autism-spectrum-disorders/en/> Accessed 24th November 2017

¹⁵ <http://www.autism.org.uk/about/what-is/asd.aspx> Accessed 24th November 2017

As reported by the Director of CRC, the IDP for each child is prepared by a team which may include, as needed, a psychologist, defectologist, medical support from a nurse and a social worker. The IDP includes diagnostic information, assessment results, developmental goals and activities to be undertaken by the parents with their child. Expected outcomes are described in terms of health, nutrition, social and emotional development, play, motor, cognitive and language development and self-care (Chapter 2). The IDP is reviewed and updated at between three and six-monthly intervals, depending on the needs of the child. Table 3:4 gives information about each of the children participating in the research. The ages of the children corresponded to the beginning of the fieldwork on 2nd June 2014 and ranged from 3 years to 14 years 4 months. Each child was a member of a small class.

As seen in section 3.4.5, no single validated outcome measurement system could be sourced to evaluate the responses of adult practitioners within musical interactions with children with complex needs. With Winnicott's theories of the holding environment (1960) and play (1971) providing the theoretical framework, a new evaluation instrument was developed for the research. This will be presented in Chapter 4.

4 Chapter 4: Development of the evaluation instrument

4.1 Introduction

The reliability of research data collected is dependent, in part, on the quality and suitability of the measurement systems employed. As there is currently no validated outcome measurement system which could be sourced to evaluate the responses of adult practitioners within musical interactions with children with complex needs, a new evaluation instrument was required for the research. This chapter will present the rationale, theoretical framework and design of that instrument. The knowledge and skills comprising the composite descriptors formed the basis of the staff development programme, which was central to the overall process of the research fieldwork at CRC (Chapter 5). These same descriptors were then used effectively in the simultaneous collection of quantitative and qualitative data in accordance with the mixed methods research design described in Chapter 3 (Creswell 2015 p. 59).

4.2 Rationale for the development of a new evaluation instrument

4.2.1 Existing outcome measurement systems

Within the literature that explores ways of supporting an *adult's* skills in interacting with a child with learning disabilities, there is a dearth of studies that present evaluative outcome measurement systems used to assess the efficacy of different interventions.

(Below) Table 4:1 Sources contributing to the development of the evaluation instrument.

Interactive Music-Making for Practice Competency Framework (Hadley and Quin 2010)	Adult Interactive Style Principles (Kossyvaki, Jones and Guldberg (2012)	In-service training program in music for child-care personnel (de L'Etoile 2001)	Music as Therapy Bethlehem (Coombes 2011)	MA Students Video Observations (2011-13)	Elements of the newly developed evaluation instrument	Core Elements
The setting and equipment are organised appropriately in advance of the session.			Preferred instruments should be available each week for the child.	The therapy space is arranged specifically for a client with profound ASD.	1.Has set up the room appropriately for the child.	Individualised Physical Space
The IMM activities are appropriate to the individualised strengths and needs of the children.		Knowledge and implementation of needs based music activities.	The needs and wishes of the child are the focus of the sessions.		2.Has structured the session appropriately for the child.	
			Consistent boundaries.		3. Sets boundaries of acceptable behaviour according to child's needs.	
	Establish appropriate proximity to the child. Show availability and wait for the child's initiations.		Letting the child work out their own ways of playing the instruments.	Therapist regulates eye contact to what the client can tolerate. Importance of space and regular pauses.	4. Is able to wait, and to allow space for the child according to their individual needs	Waiting, watching and listening
The practitioner follows the child's initiation, observing what s/he does and listening to his /her responses.	Follow child's lead/focus of attention.		Wait, watch, listen. Child is listened to and responded to as an individual.	Client inviting communication.	5.Listens to and observes closely and consistently.	
			Allowing the music to develop and support the child's playing.		6. Is able to time and pace musical responses to the child appropriately.	

Interactive Music-Making for Practice Competency Framework (Hadley and Quin 2010)	Adult Interactive Style Principles (Kossyvak, Jones and Guldberg (2012)	In-service training program in music for child-care personnel (de L'Etoile 2001)	Music as Therapy Bethlehem (Coombes 2011)	MA Music Therapy Students Video Observations (2011-13) University of Roehampton	Elements of the newly developed evaluation instrument	Core Elements
The practitioner reflects the child's responses in an appropriate manner.	Respond to child's communicative attempts. Assign meaning to child's random actions or sounds. Use non-verbal cues.			Playing the same instrument. Therapist reflects the client's playing. Pitch matching, shared rhythm, adjusting tempo to that of the child. Responding affectively to the absence of sound.	7. Responds sensitively to all communications	Matching and Adapting
The practitioner is sensitive to, and able to work flexibly with non-verbal modes of communication within active music-making.				Therapist responds to the client's movements vocally. Therapist sings the client's words and imitates responses. Intensity of therapist's vocal response follows that of client's vocals and movement.	8. Matches musical elements with the voice and/or an instrument	
The practitioner demonstrates adaptation in responding to the child.	Expand on the child's communicative attempts.		Developing the child's ideas.	Therapist sings the words the client whispers.	9. Is able to expand on the child's own ideas using voice or an instrument	
The practitioner establishes meaningful interaction with the child that is not dependent on words.		Engagement with the child is sought by the adult in playful music activities.		Client seemed confident enough to imitate. Therapist meeting, supporting and encouraging the client.	10. Playing together in music	Playfulness

Existing studies are found in the literature of special education (Kossyvaki, Jones and Guldborg 2012), music therapy with early years' children (Hadley and Quin 2010) and music psychology (de L'Etoile 2001). Ways in which these studies informed the development of the new evaluation instrument are presented in table 4:1 (above). First-hand accounts of overseas music therapy-based skills sharing projects undertaken by the charity Music as Therapy International ¹⁶ also informed the development of the present evaluation instrument (Chapter 2 pp 77-78). One example (Coombes 2011) is therefore also included in table 4:1.

While contributing to the newly created evaluation instrument for the present research, these outcome measurement systems differ substantively in either medium (Kossyvaki, Jones and Guldborg 2012), or in context (Hadley and Quin 2010). To the best of the researcher's knowledge, the newly developed evaluation instrument would be the first designed to specifically measure changes in an *adult's* approach to understanding and relating to a child with complex needs within a musical interaction, within the framework of Winnicott's theories of the holding environment (1960) and play (1971) as understood and practised in psychodynamic music therapy.

Adult Interactive Style Intervention (AISI)

Research undertaken by Kossyvaki, Jones and Guldborg (2012) explores the impact of Adult Interactive Style Intervention (AISI) on the spontaneous communication of children with autism within the special school environment. Differences in the frequency,

¹⁶ www.musicastherapy.org/ Accessed 24th November 2017

reasons, and methods of communication used by these children when the adults changed their interactive style are examined, as well as the capacity of individual adults to make such changes. The research rests on the hypothesis that adults' interactive behaviour directly influences the behaviour and development of children with autism.

The AISI owes much to Intensive Interaction (Nind and Hewett 2005), which is described as "an approach to teaching the pre-speech fundamentals of communication to children and adults who have severe learning difficulties and/or autism and who are still at an early stage of development."¹⁷ Intensive Interaction was pioneered by practitioners, including music therapists, working with children with severe learning disabilities at a hospital school in Hertfordshire in the 1980s. The efficacy of the intervention for children and adults with complex needs has been researched by, among others, Leaning and Watson (2006) and Watson and Fisher (1997). Intensive interaction employs many communication tools typically found in early caregiver-infant interaction, including imitation, repetition and non-verbal vocal interaction (pp 80-81). The person-led approach emphasises the importance of playfulness, sensitivity and enjoyment in a mutual, reciprocal relationship with the practitioner (Margetts, Wallace and Young 2013 pp 20-21). AISI comprises twelve "General Principles" requiring the adult to consider; appropriate physical proximity to and contact with the child, availability to the child, how to gain and sustain the child's attention, how to wait for, interpret and appropriately follow the child's initiations and how to offer useful responses in terms of timing, non-verbal cues, exaggerated pitch, facial expression and gestures. In seeking to offer

¹⁷ <http://www.intensiveinteraction.co.uk/> Accessed 14th June 2016

“Communicative Opportunities” nine points are described which support the adult to offer choice, to give small portions, and, as appropriate, to prompt a communicative response from the child (Kossyvaki, Jones and Guldberg 2012 p. 177).

Interactive Music-Making for Practice Competency Framework (IMM)

The Interactive Music-Making for Practice Competency Framework was developed by music therapists Hadley and Quin (2010) specifically for work with children under the age of five. This framework is taught within a development programme, of which a key aim is that participants should; “Acquire a skill base to facilitate communication, expression and social development through the use of flexible musical activities within a structured programme of child-led play” (Setikovska 2010 p. 3). The expectation is that participants will gain the knowledge and skills to undertake planning and delivery of structured music programmes with their own groups of children. There are four overall elements to the Interactive Music-Making (IMM) competence; the use of sound and music to develop interaction with a focus on interpersonal connection, the use of IMM principles to assess children, formulate goals and evaluate progress, an informed attitude and approach to working with young children in an early years’ setting and a confident use of musical skills and instruments with a focus on interpersonal connections (Hadley and Quin 2010 p. 1). Each element has between 7 and 16 descriptors, several of which are similar to those of AISI (Kossyvaki et al 2012 p. 177). Adults are encouraged to allow space for, listen to and follow the child’s musical initiations, work flexibly with non-verbal communication and adapt their responses to those of the child (Hadley and Quin 2010 pp 2-3).

In-service training program in music for child-care personnel working with infants and toddlers (de L'Etoile 2001)

Quantitative research by de L'Etoile (2001) sought to design, undertake and evaluate a development programme in music for twenty-two child-care staff working with infants and toddlers. The brief training, delivered to carers in a university-based child-care programme, comprised just three thirty-minute sessions and there is no evidence of follow-up work in the interests of project sustainability. Despite this, results evidenced significant progress in the participants' attitudes towards and knowledge and implementation of, music activities for this age group (p. 6). Participants increased their use of nine out of the eleven stipulated behaviours needed for the successful delivery of music activities. These were identified through a combination of a literature search, needs assessment and "expert" panel review (p. 4). Stipulated behaviours were grouped under three headings: group leadership skills, musical skills and presentation of musical materials to infants and toddlers. There is no mention of allowing the child time and space to initiate – the focus is on the gaining of basic musical skills such as rhythmic accuracy and vocal projection, together with capacity to engage a group of children through the maintenance of positive affect and modelling of movements. Participants were encouraged to adapt choices of needs appropriate group songs and to modify musical elements according to the child's ability to engage with them (ibid.). Impact was assessed through observation of the children's visual, vocal or physical engagement behaviours during sessions. The criteria for these behaviours are unspecified.

Outcome measurement tools for music therapy with children with learning disabilities

De L'Etoile (2001) found that an understanding of the child's responses within a musical exchange is necessary to be able to assess the efficacy of adults' responses to children. Nordoff-Robbins' music therapy research team (2016) published a comprehensive review of the outcome measurement tools currently validated for music therapy with different client groups. These include established tools particularly designed to measure changes in the learning-disabled child's responses with the therapist in music therapy sessions; the Music Therapy Star (MacKeith, Burns and Lindbeck 2011), the Improvisational Assessment Profiles (Von Moreau et al. 2010), the Assessment of Quality of Relationship Scale (Schumacher and Calvet 2007 pp 71-91) and the Nordoff and Robbins Scale 1: The Child-Therapist Relationship in Coactive Musical Experience (2007 pp 371-394). These tools are designed to evaluate the quality of relationships that the child makes with the therapist in the music therapy session through an examination of the elements, musical and non-musical, of the child's vocal, instrumental and physical responses. For example, the Nordoff-Robbins Scale 1 aims to "identify observable behaviours that help to define the developmental level of the client [child]-therapist relationship" (2016 p. 30). This and the four scales comprising the Assessment of Quality of Relationship instrument (Schumacher and Calvet 2007) were originally designed for children with autism.

4.3 Theoretical framework of the evaluation instrument

4.3.1 Introduction

Key factors and patterns in the relationship between infants and care-givers have been

identified within the paradigm of attachment theory, which link to those that develop in the classroom with a consequently significant impact on the child's responses (Geddes 2006 p. 3, Tyler 2002 p. 218). As described in Chapter 2 (p. 75), school-based consultation work undertaken by music therapists with a focus in attachment theory assumes the centrality of relationship between teacher and child and between consultant and staff team in effective practice (Twyford and Rickson 2013 p. 133, Rickson 2012 p. 270).

In seeking to undertake research at CRC, awareness of and respect for the sociocultural gulf between the two societies with radically different histories and almost completely isolated from each other during most of the twentieth century were very important¹⁸. Music therapists who have undertaken music therapy-based skills-sharing projects in post-Soviet Romania observe that understanding on any level can never be assumed (Salcin-Watts 2007 p. 45). The theoretical tenets of an evaluation instrument to be used in the gathering of quantitative and qualitative research data would, therefore, need to be made as accessible as possible within the sociocultural context of CRC Minsk. Winnicott has been described as: "Committed to an idea of natural processes of development ... that the mother can adapt to and foster by her responsive attention" (Phillips 2007 p. 4). The evaluation instrument was designed to offer CRC staff participants a structured framework within which potentially natural parenting skills could be accessed and utilised to develop a live, reciprocal relationship with a child with complex needs, in accordance with their request for support in this area (Margetts, Wallace and Young 2013 p. 6).

¹⁸ <http://www.russianrevival.co.uk/challenges.html> Accessed 15th November 2013

4.3.2 Winnicott's theories of holding (1960) and play (1971)

Twyford and Rickson's research (2013) into the impact of music therapy consultation work with UK classroom practitioners working with children with learning disabilities highlighted playfulness as supporting the development of relationships between the adult and the child (p. 133). One of Winnicott's (1991) key principles was the fundamental importance of the creativity of play to health in both adults and children, "for creativity is bound up with the irresponsibility of childhood and with free-hearted living" (p. 234). He observed that, unless he was very physically or mentally ill, a child will naturally play (Levinge 1993 p. 223). McConkey (2006) observes: "One of the most depressing statements to my ears is the assertion that a child is too disabled to play" (p. 8). Watson's (2014) qualitative research study exploring playfulness and children with complex needs supports this view. Findings showed that such children, despite often significant obstacles, have the same natural drive towards play (p. 10) and that benefits of play include increases in arousal, communication, positive affect and responsiveness (p. 1).

Winnicott posited that for healthy development, the mother (or primary care-giver) should know the child and "work on the basis of a personal living relationship with that child, not on the basis of something learnt and applied mechanically" (1993 p. 89). In clinical practice, music therapist Levinge (1993) observes the importance of the 'holding environment', without which play cannot happen (p. 224). Winnicott described the mother as the "first environment" of the infant – a concept that was central to his theory of attachment. In a good enough environmental provision in the earliest stages of life, the infant and primary care-giver together form a unit. Winnicott described the state of

the mother at the point of absolute dependence as “primary maternal preoccupation” (1965). The good enough mother will provide live, reliable care through her focused attention and responsiveness and by giving the infant what he or she needs in manageable doses, instinctively knowing what is needed, when, and how much (p. 57). Out of conscious awareness, the baby perceives the mother as a surrounding presence.

Through repeated experiences of reliable care, the infant can begin to take for granted that what is needed will be provided, and so can be anticipated. Winnicott theorised that, through this process, the child’s inner world finds an incentive for contact with the external world (Phillips 2007 p. 84) and so will naturally begin to play. Winnicott termed this provision the “holding environment”.

More recent developments in the neurobiology of caregiver-infant attachment may be seen to offer scientific corroboration of Winnicott’s theories (Provenzi et al. 2015, Fox and Rutter 2010, Rutter and O’Connor 2004). Siegel (2003) posits that the human brain is inherently social and develops through interplay with others. Emotional interpersonal interaction and self-regulation are passed between neural circuits of the brain (p. 18). In child development, the caregiver’s mind impacts upon that of the infant, which supports the formation of neural circuits conducive to emotional regulation and a sense of emotional security (p. 33).

4.3.3 Attachment, children with complex needs and Winnicott

Reflecting on Winnicott’s theory of “holding” (1960), Levinge (2015) states that the ability

to hold the infant in mind; to maintain a focus on him or her, to adapt to his or her needs and to communicate this non-verbally is central to good enough mothering in the early stages of development (p. 138). Where the primary caregiver may be preoccupied with trying to manage their own feeling state, secure attachment is often difficult as emotional availability is compromised. Inconsistency in the caregiver's emotional presence and communication may precipitate anxiety and fear in the child, as he or she cannot trust that care will be reliable (Siegel 2003 pp 40-41).

As detailed in Chapter 2 (35-36), the primary caregiver-infant dyad may be significantly challenged from the earliest moments of life for the child with complex needs. The birth may be experienced, initially at least, as a trauma for the parents (Sinason 1992 p. 146). Therefore, a child with complex needs may not experience the holding in which he or she is the centre of what Winnicott (1965) termed "maternal pre-occupation". Winnicott (2005) further considers the impact for the baby of a sustained deficit in the mother's ability to respond to him. The first casualty is the baby's own creativity, accompanied by a need to find what is needed elsewhere in the environment. Secondly, the baby learns that what he or she sees reflected in his mother's face is not empathy with his or her needs, but instead his mother's emotional pre-occupation. This has potentially serious consequences for the mental health of the developing child (pp 151-2).

Using Tronick's "Still Face Experiment" (Chapter 2 p. 36) research paradigm Provenzi et al. (2015) explored 4-month-old infants' social stress regulation in relation to a specific aspect of the mother-infant quality of relationship – dyadic reparation. Simultaneous individual variations in the infants' respiratory sinus arrhythmia (defined as an indicator

of changes in heart rate as a response to stress) were measured. Reaction to and recovery from social stress were evaluated in terms of negative emotion displayed during “still face” and “reunion” episodes. While infants’ individual susceptibility is acknowledged, results suggested a correlation between synchrony in the mother-infant interaction and a lower degree of physiological responses to, and capacity to recover from social stress (p. 160).

4.4 Design of the evaluation instrument

4.4.1 Overview

For Winnicott (1990), “holding” encompassed both the physical and psychological aspects of maternal care. Firstly, in the state of primary maternal pre-occupation (p. 22), the mother’s love enables her to identify with her baby, such that she can tune in to his or her current emotional state and hold him or her constantly in mind (O’Gorman 2006 p. 25). The second aspect, which supports the first, Winnicott termed adaptation. This represents an active awareness and an instinctive physical and emotional matching of the baby’s state of being (Levinge 2015 pp 61-2). This combination of physical and psychological elements implicit in Winnicott’s theory of holding is represented in the design of the evaluation instrument.

Winnicott (2005) summarised his concept of the holding environment in three areas of reliable maternal care; holding, handling and object presenting (p. 150). These factors also underpin the evaluation instrument which comprises nine learning elements,

grouped under three core elements, together with the overall goal of playfulness (point ten). Staged guidance in the use of the evaluation instrument was central to learning during the staff development programme of research Phase 2 (Chapter 5).

An understanding of the child's responses within a musical interaction with an adult is necessary to enable non-music therapists to assess the efficacy of the adult's responses (De L'Etoile 2001). The evaluation instrument thus comprises two scales. The first (table 4:2) promotes observation of the child's responses only. This scale was developed with reference to past and current outcome measurement tools used in music therapy with children with special needs (MacKeith, Burns and Lindbeck 2011, Nordoff and Robbins 2007 pp 371-394, Schmacher and Calvet 2007) and observations of music therapists who have undertaken music therapy-based skills sharing projects overseas (Coombes 2011). The second scale (figure 4:2) focuses on the adult's responses within a music interaction with a child with complex needs. With Winnicott's theories of the holding environment (1960) and play (1971) as the theoretical basis, this scale was developed with reference to Adult Interactive Style Principles in special education (Kossyvaki, Jones and Guldberg 2012), the Interactive Music-Making for Practice Competency Framework (Hadley and Quin 2010), principles of Intensive Interaction as described by Nind and Hewett (2005) and live exercises in observation of clinical work conducted by the researcher with students on MA in Music Therapy programme at University of Roehampton (2011-2013).

(Below) Table 4:2 Evaluation Instrument: What to look for in the child's responses

Increasing The Child's sense of Emotional Safety	The Child's Behaviours are Understood and Responded to as Potentially Communicative				Balancing the Child's Emotional Arousal Level
	CE	Elements	Child's Observed Responses	Possible Interpretation	
	Individualised Physical Space	1. The room and the instruments are set up for the individual child in advance.	The child is free to enter the room at will. May enter willingly, or show ambivalence, or be unable to enter. May potentially engage with an environment individually arranged for free and spontaneous access to instruments. The child may look at, listen to, and/or touch the instruments in their own time.	The individual arrangement of instruments in the space may demonstrate to the child that they have been held in mind and remembered.	
		2. The session is structured appropriately for the child	Accessibility, suitability and familiarity of session elements may enable anticipation of musical responses and activities. Levels of body and facial tension, and demeanor towards the adult may show potential to be at ease. May initiate vocal and/or instrumental contact and/or looking behaviour.	These responses may show the child's recognition that their individual needs have been thought about in the choice of musical activities.	
		3. Boundaries of acceptable behaviour are set according to the child's needs.	May begin to respond to being understood; may begin to show a level of engagement with the adult; turning and/or looking towards them, through facial expressions, vocal or instrumental contact.	Consistency of the adult's response to behaviour may further enable the child to feel safe with the adult and so begin to interact.	
	Waiting, watching and Listening	4. (The adult) is able to wait, and to allow space for the child according to their individual needs.	May be turned away, or appear in their own world, and/or active without reference to the adult. Or may be facing the adult and ready to interact. With enough space, the child may begin an interaction by moving, may vocalise, and/or manipulate an instrument in their own way. Sounds and/or movements may be fleeting. The adult's appropriate response enables reduction in any present body or facial tension.	Giving the child space to begin in their own way, accepting this (within safe boundaries) and responding appropriately supports the child to engage further with the adult.	
		5. (The adult) listens to and observes closely and consistently.	Instrumental and/or vocal sounds and gaze may continue to be fleeting; however, the child may do something different which shows recognition of being heard. This may begin to relate to what the adult is doing: for example, stopping to listen for the next response, moving together, and/or matching pitch. If turned away, may turn briefly towards the adult, move closer, and/or make brief eye contact.	The child may experience their communication as heard and recognised. This potentially lays a foundation for trust to develop. The child is the centre of the experience.	
		6. Timing and pace in musical responses	Continuing to hear musical responses which correspond to their sounds and/or gestures, the child may continue to make instrumental and/or vocal sounds which may more regularly relate to the adult's music in pitch, rhythm, shape, loudness or duration. Any body and/or facial tension may continue to reduce.	More sustained and related musical exchanges suggest a developing sense of emotional safety for the child with the adult.	
	Matching and Adapting	7. (Adult) responds sensitively to all communications.	Having space to move freely between stimuli, the child's vocal and/or instrumental responses may continue to increase in frequency, shape and tone. There may be an increase in intentional musical and/or facial, gestural and looking responses to the adult within the overall interaction. Energy levels may rise if passive. Physical tensions may reduce if anxious.	The child's sense of emotional safety with the adult is able to develop further. The child is able to be more relaxed, creating the potential for increasingly sustained interaction.	
		8. (Adult) matches musical elements with the voice and/or an instrument	Musical responses continue to develop in relation to the overall music in terms of pitch, rhythm, loudness, shape, duration, frequency and intensity. Facial expression and body language show engagement with the musical interaction.	Pace and frequency of responses indicate a growing emotional engagement with the adult. Positive and potentially playful energy between adult and child.	
		9. (Adult) is able to expand musically on the child's ideas.	Shows sustained interest and motivation in shared musical activity. May experiment with vocal and/or instrumental sounds and ideas. Body movements and facial expression show mainly positive responses.	A sense of emotional safety in the relationship with the adult which enables play to begin to develop.	
	Play	10. Is able to sustain creative and flexible musical play.	Body movements and facial expressions show pleasure in the musical play. Warmth, liveliness, fun, humour, give and take, trying things out, creativity, and challenge may all be part of this.	The child and the adult together are able to readily engage with and sustain musical play.	

Increasing the Child's sense of Emotional Safety	The Child's Behaviours are Understood and Responded to as Potentially Communicative				Balancing the Child's Emotional Arousal Level
	CE	Elements	Adult's Observed Responses	Possible Interpretation of the Adult's Responses	
	Individualised Physical Space	1. The room and the instruments are set up for the individual child in advance.	The adult is able to allow the child to enter in their own time. Can take into account the child's individual needs, (for example, visual or positioning), in organising the session space. The child is able to access the instruments safely, spontaneously and freely.	Setting up the room specifically for the child potentially demonstrates that they have been held in mind and remembered.	
		2. The session is structured appropriately for the child	Is able to structure the session through thinking about the child's individual needs, taking into account any sensory difficulties and/or restricted movement, and capacity to tolerate proximity in considering the nature of the musical activities to be offered.	Flexible structuring of the session specifically for the child demonstrates the adult's sustained thinking about the child's responses and needs in advance of and during each session.	
		3. Boundaries of acceptable behaviour are set according to the child's needs.	Is able to maintain safe and appropriate behavioural boundaries for the child.	The adult seeks to understand the child's behaviour as communication of their feeling state, and considers session boundaries accordingly.	
	Waiting, watching and Listening	4. Is able to wait, and to allow space for the child according to their individual needs.	Is able to wait for the child to initiate an interaction, musical or non-musical. Is able to stay with silence, remaining quiet but visible, or may create a musical atmosphere designed to be enabling (e.g vocalising a phrase in the rhythm of the child's breathing). Is able to think about, rather than react to possible rejection of their availability.	The adult is focused on the child, who is the centre of the experience, potentially supporting the child to begin an interaction using sounds and non-verbal communication. A reflective approach to the child's presentation is demonstrated.	
		5. Listens to and observes the child closely and consistently.	Is able to listen to the child's sounds or silence and to closely observe non-verbal communication. Is able to notice fleeting moments of potential connection (eye contact, movement, instrumental and/or vocal sound) and respond to them using appropriate instrumental and/or vocal sounds, gestures, movement and looking behaviour.	The adult is taking in something of the child and responding accordingly using sounds and silences. This communicates to the child that the adult is listening, receptive and accepting.	
		6. Timing and pace in musical responses	Is able to show an awareness of timing and pace in adapting their musical responses flexibly to those of the child.	Tuning in to the child's pace inspires further confidence in the child that they are being listened to and thought about. Timing of give and take in the interaction may indicate familiarity and trust.	
	Matching and Adapting	7. Responds sensitively to all communications.	Is able to remain attentive and to recognise and sustain capacity to respond to all of the child's communicative attempts: gaze, movement, silences, instrumental and/or vocal sounds.	The adult's focused attention communicates to the child that they are being listened to and thought about, together with a sustained interest in the shared interaction.	
		8. Matches musical elements with the voice and/or an instrument	Is able to match the child's sounds and musical ideas with their own: for example, in terms of sound quality, pitch, loudness, duration, shape and intensity.	Further demonstrates to the child that their sounds are heard, accepted, and interesting to the adult, who may feel increasingly included in, and energised by the interaction.	
		9. Is able to expand musically on the child's ideas.	Is able to expand on the child's ideas creatively and flexibly, encouraging the child to explore further within the interaction.	The adult and child are able to be more separate within the musical interaction; it becomes more possible for the child to accept the adult's ideas within the overall music.	
	Play	10. Is able to sustain creative and flexible musical play.	The adult and child together are able to enjoy creative and flexible musical play. May constitute warmth, liveliness, fun, humour, give and take, trying things out, challenge.	Sufficient emotional safety has been established in relationship. Child and adult are able to engage with sustained musical play.	

(Above) Table 4:3 Evaluation Instrument: What to look for in the adult’s responses

4.4.2 Framing constructs of the evaluation instrument

Increasing the child’s sense of safety

Winnicott (1993) maintained that an infant’s sense of physical and emotional safety is provided in two broad ways through live and responsive maternal care. Firstly, the infant is prevented from being overwhelmed by external stimuli such as loud noises. Secondly, the infant is protected from the impact of his or her own instinctual drives and emotional states upon him or herself and others, and is helped to make sense of his or her own spontaneity (pp 89-90). The descriptors of the evaluation instrument sought to support CRC staff participants to develop skills in creating an individualised space for children with complex needs in their music sessions, which would be comfortable and accessible according to each child’s specific needs. The elements of the instruments also aimed to enable responsive ways of relating with the child through music, which would help the child to begin to make sense of his or her affective gestures and so support the development of a sense of internal safety.

Balancing the child’s emotional arousal level

As seen in Chapter 1 (pp 19-20), theorists agree that secure caregiver–infant attachment is essential to the capacity for the development of emotional self-regulation, the balancing of arousal levels in response to stimulation and the ability to self-manage behavioural impulses (Siegel 2003, Schore 2001 p. 205, Sroufe 1996 p. 143, Winnicott

1965). Sroufe (1996) also emphasises the importance of the sensitive caregiver in interacting with the infant through play, thereby supporting him or her to manage levels of emotional tension. He observes; “commonly infants have learned that in the caregiver’s presence high tension need not lead to aversive experiences or behavioural disorganization, but rather can give rise to quite positive outcomes” (p. 147).

Understanding the child’s behaviours as potentially communicative

The ability to reflect on a child’s behaviours in the classroom as potentially expressive communications can protect a teacher from possible detrimental emotional reaction and enable more effective responses (Geddes 2006 p. 3). Winnicott stressed the importance to good enough mothering of the kind of attunement that responds to feeling as well as doing based on the mother’s developing awareness of and engagement with the baby’s spontaneous communication (Pasiali 2014 p. 204, Levinge 2011 p. 46). Chief Executive Officer of Us in a Bus,¹⁹ Janet Gurney (2011), describes how recognition of the sounds, gestures and behaviours of a child with complex needs as part of their communicative language can enable him or her to experience having an impact on their world (p. 26). However, tuning in to the behavioural communications of a child with complex needs can be problematic for classroom practitioners, particularly when presented with behaviours that challenge. In intensive interaction work (Nind and Hewett 2005) in a special school with a child with complex needs displaying aggressive challenging behaviour, Lacey (2011) observed the difficulty experienced by the staff team in approaching him. In such a

¹⁹ www.usinabus.org.uk Accessed 11th December 2017

²⁰ <http://latcomm.com/2013/03/chinese-character-for-listen-embedded-meanings/> Accessed 20th November 2017

situation, staff may be unable to think about and understand behaviour as communication if the child is trying to physically hurt them (p. 7), which further hampers the development of relationship. The ten elements of the evaluation instrument were conceived to offer a structure within which such understanding may begin to develop.

4.4.3 Elements of the evaluation instrument

Core Element 1: Individualised Physical Space

In clinical practice in music therapy, therapeutic boundaries create a safe frame within which the work with the individual can take place. The uniqueness and consistency of the protected setting, day and time of the sessions (Tuber 2015 p. 289, Hadley and Quin 2010 p. 4) together with the suitability of environment and instruments provided communicate to the child that “the room can cope” with his emotional material and physical needs (Walsh-Stewart and Stewart 2002 p. 135, Sutton 2002a p. 189).

While Winnicott (1991 p. 207) and Vygotsky (Knox and Kozulin 1989 pp 71-2) agree on the principle of an individually tailored learning environment for the child, Winnicott’s (1991) theoretical approach focuses on the emotional, rather than the educational needs of the child. For a child who has not experienced a good enough holding environment, building a relationship with the teacher based on understanding of behaviour as communication of his or her emotional needs is necessary to facilitate learning (pp 202-3).

Winnicott (1993) said that one of the many ways in which the mother manages and

moderates the environment for her infant is by protecting him or her from unexpected impingements (p. 89). Maintaining a safe, private space that is free from interruptions, as far as is realistically possible, is also an important part of creating an emotionally safe environment. Sutton (2002a) observes: “The powerful effect of visitors upon those in the room cannot be underestimated: some children welcome visitors, while others will experience the opening of the door as an intrusive and frightening event” (p. 194).

Element 1. The room and the instruments are set up for the child.

The first element of the evaluation instrument requires the adult to be able to consider the child’s individual needs in organising the session space. The child is therefore able to access the instruments safely, spontaneously and freely, if they so wish. A possible interpretation of this element is that setting up the room specifically for the child demonstrates that he or she has been thought about, held in mind and remembered.

For Winnicott, the appropriateness of the setting was important, particularly in terms of psychotherapy (Davis and Wallbridge 1981 pp 140-1). Creating an accessible physical environment specifically for the individual child is one of the cornerstones of all orientations of arts and play therapies (Watson 2014 p. 3). In music therapy, a conducive, familiar arrangement of instruments and equipment potentially supports the child to enter the room more comfortably and aims to communicate that s/he has been thought about between sessions. Tuber (2015) further suggests that the therapeutic frame of time and setting offer a “unique time and a sanctuary in space” (p. 289).

To set up a room for the child with whom they would be working during research Phase 3, staff participants would need to be able to understand and consider the child's needs; visual, sensory, spatial and mobility and manage and moderate the physical environment accordingly (Kossyvaki, Jones and Guldberg 2012 p. 177). Being able to create an appropriate setting and arrangement of instruments and equipment for the child is an essential skill found in existing music therapy-based evaluation systems which assess an adult's competencies in individual music sessions with children under 5 years old (Hadley and Quin 2010).

Element 2. The session is structured for the child

Element 2 requires the adult to be able to structure the session through thinking about the child's individual needs, considering any sensory difficulties and/or restricted movement and the child's ability to tolerate proximity in considering the nature of the musical activities to be offered (Kossyvaki, Jones and Goldberg 2012 p. 177, Hadley and Quin's 2010 p. 2). A possible interpretation is that the adult's ongoing thinking about that child, in advance of each session and going forward is actively demonstrated.

Winnicott maintained that "spontaneity only makes sense in a controlled setting. Content is of no meaning without form" (1990b p. 213). While advocating creativity and playfulness, he understood that children also often need structure and repetition to learn.

Element 3. Behavioural boundaries

This element requires the adult to be able to maintain safe and appropriate behavioural

boundaries for the child. Winnicott's (1993) extensive work with families (Chapter 1 p. 21) made him practical and compassionate. He famously said that a mother does not have to be perfect. She just needs to be "good enough" to support and guide her child through the natural evolution from dependence to independence (p. 123). Winnicott further parallels the idea of "good enough" with the practitioner's ability to withstand distress and aggression. He recognised the child's need to test his good-enough mother (and father) as a normal part of discovering that they are sufficiently robust to survive his attacks (Levinge 2015 p. 108).

Special needs advisor Penny Lacey (2011) emphasises the need for teachers and carers to "listen" to behaviours which challenge in children with complex needs as these are so often misunderstood. She suggests that, for a small number of children, physically and verbally aggressive behaviours can be advantageous in commanding the attention they need (p. 7).

In psychodynamic music therapy, behaviours that challenge are similarly thought about in terms of a communication of a need for surety as to the resilience of the therapist, while boundaries of acceptable behaviour are maintained in the interests of safety for both therapist and child. As psychoanalyst Josephine Klein (2002) advises: "Do not retaliate, do not retreat" (p. 374). For example, aggression towards the therapist would be thought about in terms of a communication, but the session would have to be curtailed if the child was unable to modify their behaviour with the support of the therapist. Music therapists generally adhere to three core behavioural boundaries designed to support an emotionally and physically safe therapeutic environment:

- Child and therapist do not hurt ourselves
- Child and therapist do not hurt each other
- Child and therapist do not hurt the instruments

Being able to maintain safe, appropriate behavioural boundaries for a child with complex needs requires the adult to understand that child and to have the capacity to be robust and consistent (Levinge 2015 p.112). In feeling increasingly emotionally safe, the child may begin to show a level of engagement with the adult.

Core Element 2: Waiting, Listening and Looking

In describing the Winnicottian therapist's stance when working with a child, Phillips (2007) delineates an approach of sympathetic observation in which the therapist is able to be present without anxiety. Winnicott was concerned with what was waiting for acknowledgement within the child and that to this the therapist should be both alert and available (pp 52-3). Watson's (2014) research emphasises the importance of the emotional availability and enthusiasm for play on the part of the adult seeking to engage a child with complex needs in a playful interaction for its own sake (p. 3). Meanwhile, as seen in Chapter 2 (p. 36), research by de L'Etoile (2015) comparing affect and gaze in response to infant-directed singing in neurotypical infants and those with Down's Syndrome cautioned that the neuroanatomy of the latter group necessitated more time and space to process incoming stimuli (p. 212).

Element 4. Waiting for the child to begin an interaction

The fourth element requires the adult to be able to wait for children to begin an

interaction spontaneously, in their own way, musical or non-musical (Hadley and Quin 2010 p. 2). Where the child does not do anything, the adult is able to indicate availability through a musical gesture (such as singing the child's name or vocalising a phrase in the rhythm of the child's breathing) or by remaining quiet but visible as appropriate (Kossyvaki, Jones and Goldberg 2012 p. 177). The possible interpretation suggested is that this approach supports the adult's focused thinking about the child's behavioural presentation as a communication.

One of the first convenors of the professional music therapy training at the University of Roehampton, Pamela Steele (1988) emphasises the importance, as well as the difficulty, of waiting for a child with complex needs to begin an interaction within a music therapy session. She advises: "Attend, witness, wait" (p.3). The ability to wait, which may involve staying silent for a time can be very difficult, but is nonetheless essential if the child is to be able to make a spontaneous gesture. As Gurney (2011) says: "The art of actively doing nothing is one that is worth practising" (p. 28).

Child psychologist Sroufe (1996) notes that, to support a child who appears to be becoming over-stimulated to regulate their emotional arousal levels, a sensitive caregiver will allow space for the child to regroup, waiting until he or she is ready to re-engage. In that situation, the caregiver will need to understand such withdrawal as a potential communication of the child's needs, rather than as a personal rejection. This may enable the child and the adult to sustain involvement (p. 154, O'Gorman 2006 p. 27).

Wells' (2007) music therapy-based skills sharing project at a children's day centre in post-

Soviet Romania demonstrates the realisation of these principles in practice. In an individual music session with a child with complex needs, observed by a classroom practitioner, Wells noticed that the child needed to remove herself from the interaction at times. Here, the music therapist waited silently until the child was ready to re-engage. Moving on to support the same classroom practitioner to work with the child in a similar way, the staff member commented that staying silently and allowing space for the child to interact was the most difficult aspect of the work (p. 40).

Element 5. Listening and observing closely

In this element, the adult is asked to listen to the child's sounds or silence and to observe the child's non-verbal communication closely. The adult is able to notice fleeting moments of potential connection (eye contact, movement, instrumental and/or vocal sound) from the child and respond to them using appropriate instrumental and/or vocal sounds, gestures and looking behaviour. A possible interpretation offered is that, in an approach in which the child is at the centre of the experience, the adult is communicating to the child that they are leading. This potentially supports the child to continue to make communicative attempts.

The Chinese character for "listen" consists of several components; Ear- what you use to listen, King – pay attention as if the other person were king, Ten and Eye – be observant as if you had ten eyes and One – listen with undivided attention²⁰. The therapist seeks to integrate these elements in listening to each aspect of the client's musical and non-verbal

²⁰ <http://latcomm.com/2013/03/chinese-character-for-listen-embedded-meanings/> Accessed 20th November 2017

communication (Margetts 2011 p. 6). This symbol was used during the fieldwork at CRC to illustrate the quality of listening to the child towards which staff participants would be supported to work (Chapter 5 pp 176-179).

The communication of children with complex needs may be very subtle and often occurs within a different timeframe. For example, time may be needed for a facial expression indicative of a wish to play to emerge. The adult will need to observe the child very closely so as not to miss such clues. Steele (1988) suggests:

Perhaps the most primary service which we offer our patients [clients] within the space and time of the therapeutic environment is our willingness and ability to listen ... to take in from them in every aspect the nature and quality of their presence with us in the room. The ability to stand on 'perceptive tip-toe' is one worth striving for (p. 3).

In subsequent writing Steele (1991) describes in minute detail a musical encounter within a music therapy session with a child with complex needs resulting from early childhood meningitis. The therapist carefully observed the direction, duration, rhythm and intensity of the child's leg movements as she lay on a mat. Responding to the musical elements in these movements with corresponding improvised musical phrases, the therapist noticed that the child became enlivened, began to vocalise, and her movements became more animated. Listening and responding to her vocal sounds augmented the process of attuning to the child, who was at the centre of the musical experience (p. 23).

Element 6. Timing and pace in musical responses

Winnicott (1974) advised practitioners not to try to move at their own pace (p. 103).

The sixth element of the evaluation instrument, in keeping with contemporary outcomes measurement systems (Kossyvaki, Jones and Goldberg 2012 p. 177) requires adults to be able to show an awareness of timing and pace in adapting their musical responses flexibly to those of the child. As well as waiting for and following the child's initiations, the adult allows time to assimilate the child's responses (Hadley and Quin 2010 p. 2, Wells 2007 pp 39-41). The suggested interpretation is that tuning in to the child's timeframe within the interaction inspires further confidence in the child that they are being listened to and thought about. This may promote familiarity and trust which underpin relationship (O'Gorman 2006 p. 27). Working with a student group on a MA in Music Therapy programme, the researcher noted:

Tutor and students are engaged in observation of video extracts of musical interactions between a music therapist and adult with complex needs. One student suggests that the quality of the relationship may be seen, heard, and felt in the ease of the timing of the musical interaction: that the degree of listening and the pace of the musical discourse communicated a sense of trust between client and therapist (Margetts 2011 p. 6).

Core Element: Matching and Adapting

"If you talk to a man in a language he understands, that goes to his head. If you speak to him in his language, that goes to his heart" (Nelson Mandela quoted by Gurney 2011 p. 28).

Malloch and Trevarthen (2008) emphasise the vital importance of musical exchanges:

“For a child ... with a disability that has prevented their development of language as a means of communication, this interaction offers a lifeline to human sociality” (p. 6).

Winnicott (1964) stressed the importance in the ‘good enough’ mother-infant relationship of ways in which the mother helps the baby to start to explore the world by presenting that world in manageable doses at the optimum time (pp 69-75). This active adaptation gradually lessens, in accordance with the infant’s growing ability to account for failure of adaptation and to tolerate frustration (Winnicott 1971 pp 13-14).

Element 7. Attending and responding sensitively to all communications

Levinge (2011) states that the strongest initial media of attachment between caregiver and infant are visual and vocal contact. The caregiver’s positive gaze is important for the baby’s social growth (p. 46). Element seven of the evaluation instrument requires the adult to be able to remain attentive to the child and to recognise and sustain capacity to respond to all communicative attempts, including gaze, movement, silences, instrumental and/or vocal sounds. The adult’s focused attention communicates to the child that he or she is being listened to and thought about within a shared interaction.

This corresponds with the position of attachment theorists and neurobiologists, as well as that of music therapists. Schore (2001) posits that: “In a healthy relationship the caregiver ... affords emotional access to the child and responds appropriately and promptly to his or her positive and negative states” (p. 205). Sroufe (1996) describes how, when the mother responds sensitively to her baby’s needs and tunes in to his or her communication, the foundations of self-agency are laid. The infant learns that he or she

can have a positive impact (p. 167). For children with complex needs, the adult's sensitivity is particularly important in the interpretation of the child's responses which, due to physical limitations and delay may be difficult to follow (Watson 2014 p. 10).

From the perspective of developmental psychology, empirical research by Meltzoff and Moore (1989) explored and evaluated psychological mechanisms underpinning young infants' imitation of their caregivers' head movements and tongue protusions. The study found that early imitation takes place cross-modally. These authors suggest that this facility is innate, although contingent upon individual characteristics of the infant and the kinds of behaviour utilised by the caregiver to encourage imitative responses (p. 954).

Later writing by Meltzoff (2007) builds on this research to posit a "like me" theory; that infant imitation facilitates empathy with others' subjective experience. Play therapist Jenkinson agrees, observing: "If I imitate you consciously in my play, I also begin to understand you, to attune myself to you, to unite my being with yours" (2001 pp 47-8).

Researchers such as Gazzola et al (2006) have also investigated the existence of a system of mirror neurons in the human brain, important for understanding others because it "simulates [others'] actions onto one's own sensory-motor representations" (p. 1827).

Earlier studies with monkeys showed that auditory mirror neurons were activated both during hand -to-mouth actions and in response to the sound of those actions (Kohler et al 2002). Much of the human auditory mirror neuron system appeared multi-modal as it also responded to visual perception of those same actions (Gazzola et al 2006 p. 1827).

Music therapist Wilson (1991) describes the effectiveness of the mirroring process between a child and his or her caregiver as a source of growth and change in which the input of the child is of equal importance (p. 14). This interaction is augmented by gesture,

facial expression and eye contact in which the child experiences the mother's focused attention (Kim, Wigram and Gold 2009 p. 390). Winnicott (1990) theorised that, where the mother is *not* able to be available, "she substitutes her own gesture which is to be given sense by the compliance of the infant" (p. 145). The infant learns to adapt emotionally to the mother's moods, to the detriment of his own developing sense of self. In a practical realisation of this concept with a child with complex needs Corke (2002) observes:

Imagine trying to "help" Rory ... physically holding onto on to his thumb during a Hello song as if it were his greeting. This is nonsensical. Why? Well, put yourself in Rory's shoes; what is he learning from these experiences? Perhaps, sadly, only how uncomfortable it feels to have a hand grasped by a stronger person (p. 6).

Element 8. Matching musical elements using the voice and/or an instrument

Siegel (2003) suggests that secure attachment is contingent, in part, upon the caregiver's non-verbal signals such as eye contact, facial expression, vocal tone and timing and intensity of responses, the reliability of which promote clarity and emotional health for the child (p.38). Levinge (2015) highlights the "gift" for music therapists of being able to use these non-verbal elements to forge emotional connections in practice (p. 9).

The eighth element of the evaluation instrument requires the adult to be able to match the child's sounds and musical ideas with their own: for example, in terms of sound quality, pitch, loudness, duration, shape and intensity with the voice and/or an instrument. The possible interpretation presented is that matching musical elements

further demonstrates to the child that their sounds are heard, accepted by and interesting to the adult.

The psychoanalytic theorist Daniel Stern's (1998) concept of 'affect attunement' is often used in music therapy as an illustrative framework for ways in which a therapist responds idiomatically with improvised music to all aspects of a client's communication; musical and/or non-verbal (Tomlinson 2012 p. 105). An illustration of such cross-modal interaction may be seen in the following interaction between a music therapist and a blind child with complex needs at CRC during the first music therapy-based skills sharing project in 2009 (Margetts, Wallace and Young 2013).

The therapist begins by offering the child a tambourine, observing that she may be able to grasp the instrument, as well as resting it on her abdomen in her reclined position on a beanbag. The child explores the tambourine with her fingertips before grasping it firmly and producing brief rhythms. The therapist reflects each of these idiomatically in short vocal motifs. The child then stills, listening and appearing to anticipate further interaction. When the therapist also plays a tambourine, the child responds enthusiastically, with strong clear beats on her own instrument. The child then vocalises an imitation of the therapist's introduction of a dotted rhythm. The musical interaction continues (p. 15).

This kind of musical matching is rooted in what Stern (1998) terms "vitality affects", or the ability of a baby to recognise that his or her movements correspond to and, crucially, have influence over, the mother's vocal sounds. He suggests: "It feels more like an

unbroken process ...Tracking and attuning with vitality affects permit one human to 'be with' another in the sense of sharing likely inner experiences on an almost continuous basis ... it feels like an unbroken line' (p. 15). This is one way, Stern suggests, in which the baby's interest in the interaction is sustained and communication can develop further (p. 141, Kossovaki, Jones and Gulberg 2012 p. 177).

As stated in Chapter 1 (p. 20), caregiver-infant interaction occupies a central place in music therapy practice with both children and adults (Edwards 2011b pp 190-195). Winnicott (1990) said that the capacity of the good enough mother to identify with her baby influences the degree of development of the holding environment (p. 22). Music therapist Warnock (2011) suggests a link between the caregiver's musical use of the voice to create the holding environment and the child's developing sense of self, which is then inescapably linked with his own voice (p. 36, Nöcker-Ribaupierre 2011). Edwards (2011a) states that newborn infants can distinguish melody, pitch, and rhythm and that infant cries vary in pitch contour in accordance with that of the native language heard prenatally. Infants prefer music to speech and "are drawn to the types of vocal interplay that they experience as more meaningful and recognizable" (p. 8). Furthermore, babies may show a preference for the auditory input experienced prenatally, both verbal and musical (Nöcker-Ribaupierre 2011 p. 7) and prefer their mother's voice to that of a stranger (Bergeson and Trehub 2007 p. 649).

O'Gorman (2006) further suggests that the "process of identification is achieved through the mother's awareness and conceptualisation of the potency of her voice as experienced, recognise, and preferred by the infant" (p. 25). As well as musical qualities

such as pitch and rhythm, infants can also recognise vocal emotional intensity and intention (Bergeson and Trehub 1999). The emotionally available caregiver will tend to use infant-directed interaction in speech and singing with the infant (pp 51-52, Edwards 2011a p. 9). De l'Etoile's (2015) research found that infant-directed singing engages and enables an infant to sustain attention during face-to-face interaction which, it is hypothesised, supports development of self-regulation (p. 211). Bergeson and Trehub (1999) posit the characteristics of infant-directed singing as including increased duration and intensity of stressed syllables and expansion of intensity, pitch range and variation (p. 54). Edwards (2011a) suggests: "The musical qualities of vocal interplay between parents and pre-verbal infants has a resonance with the type of improvised music created in music therapy" (p. 12), which supports the view that musical vocal interaction is particularly relevant in work with children with complex needs. This is endorsed by non-music therapy research by Kossvaki, Jones and Goldberg (2012) into the impact of the use of AISI with young children with ASD, which also found that vocalisation was one of the most significant areas of improvement (p. 182).

Element 9. Encouraging and expanding on the child's ideas using the voice and/or an instrument

In this element, the adult is asked to show an ability to expand on the child's ideas creatively and flexibly, encouraging the child to explore further within the interaction. This implies that the child feels sufficient confidence in the holding environment; that the adult is attentive, listening and responsive to his or her communication. The focus of the play may begin to shift from form to content as the child may feel able to vary his or her

communicative gesture (Walsh-Stewart and Stewart 2002 p. 149). With awareness of timing and pace in relation to the child (Element 7), the adult may respond by, for example, extending a vocal phrase beyond direct repetition.

As described, Stern's (1998) concept of affect attunement describes the caregiver's cross-modal response to an infant's communicative attempt. Stern (1991) also posits that it is the intensity of the response that communicates to the infant that the feeling in the moment is shared and that this is a vital factor in the infant's early capacity to tolerate feelings and, progressively, to be able to emotionally self-regulate.

Element 10. Playing together in music

"We do not play because we are human, we are human because we play. That's a thought worth holding onto" (McConkey 2006 p. 9).

The final element of the evaluation instrument suggests that the adult and the child together are able to enjoy creative and flexible musical play. Warmth, liveliness, fun, humour, give and take, trying things out and challenge may all be part of this. Winnicott (1991) urged mothers to thoroughly enjoy caring for and playing with their infants. Without this pleasure, which he likened to "the sun coming out for the baby", he posited that the mothering process would become adversely lifeless and mechanistic (p. 27). Watson's (2014) research with children with complex needs concurs, illustrating the importance of readiness for play on the part of both partners, particularly as a child for whom difficulties in self-regulation may impede his or her ability to invite play may need a

“trigger” from the adult to facilitate engagement (p. 2). The degree to which the special school environment may be conducive to promoting play with children with complex needs is also a mediating factor (p. 3). Play therapist Jenkinson (2001) states:

If we impose other agendas upon our children, if we structure their lives so that the play agenda disappears entirely, the least we can expect from them is frustration and anxiety. A back-log of unresolved feelings will accumulate. Play helps children to explore and organize their feelings in a context which they can manage (p. 37).

Winnicott (2005) said that being able to play implies trust (p. 69). A possible implication of this element, which may be viewed as the culmination of the nine previous descriptors, is that a sufficient level of emotional safety and balance has been established in the relationship such that engagement in musical play has become possible. The child has experienced him or herself as the centre of the musical interaction; thought about, listened to, accepted and responded to in ways which are accessible, rewarding and reliable. For Winnicott, “holding” was the “bedrock of reliability” of maternal care (Levinge 2015 p. 61). Of the role of humour in therapy Winnicott (1971) said; “this sense of humour is evidence of freedom, the opposite of the rigidity of the defences, that characterises willingness. A sense of humour is the ally of the therapist, who gets from it a feeling of confidence and a sense of having elbow room for manoeuvring” (p. 32). Music therapy researchers Haire and Oldfield (2009) outline four principle characteristics of humour based on their work with children; imitation, repetition, over-exaggeration and incongruity. The spontaneity of these factors, which also feature in Kossyvaki, Jones and Goldberg’s (2012) AISI framework (p. 177), challenges inflexibility and creates hope (p. 33).

The application of the newly created evaluation instrument within the research fieldwork will be described in Chapter 5.

5 Chapter 5: Research Fieldwork

5.1 Introduction

Music therapy consultation in special education in the UK and overseas is relatively new and there is a corresponding paucity of published research (Chapter 2 pp 76-77).

However, authors agree that classroom practitioners with no formal musical training can be supported by a music therapist to facilitate music sessions with children with special educational needs (SEN) to enhance development and learning (Twyford and Rickson 2013 p. 130, Pethyridge 2013 p. 27, Rickson 2012 p. 282). In addition, the transferability of therapeutic skills within the special school through training and advice has begun to be recognised, and the consequent benefits to learning outcomes for pupils acknowledged by managers and funding authorities (Pethyridge 2013 p. 24).

Authors who have explored multi-cultural music therapy agree on the necessity not just for local cultural knowledge and sensitivity, together with self-awareness on the part of the therapist (Coseo 1997 p. 145), but also for a knowledge of the meaning and reference of the culture's music to enable an ethical working approach (Bradt 1997 p. 137). The accessibility and usefulness of the creative arts in bridging cultural differences and opening important channels of communication as a universal language has been emphasised (Salcin-Watts 2007, Henderson and Gladding 1998). Meanwhile, Quin (2007) states: "Projects should be based on a locally identified need or request for support or partnership" (p. 15).

5.2 Context

5.2.1 Context for participating classroom practitioners at CRC Minsk

The overall aim of the research fieldwork at CRC was to offer staff participants new ways in which they might develop their relationships with children with complex needs based on Winnicott's theories of the holding environment (1960) and play (1971) within the context of their own classroom practice.

Chapter 2 reviewed literature concerning potential factors impacting on the extent to which CRC practitioners might find Winnicott's theories accessible, applicable and relevant to their work with children with complex needs. These included sociocultural context, educational experience, the particular discipline of working with children with complex needs (defectology) and difficulties in building relationships with children who may bring powerful emotional and behavioural responses arising from their needs to the classroom.

5.2.2 Considerations of the impact of psychodynamic music therapy-based thinking for CRC staff participants

This research was conceived, designed and offered to CRC in response to the locally identified need to improve relationships between staff and children with complex needs (Trimble et al 2006 p. 6, Quin 2007 p. 15). The CRC staff group is unique in Belarus in having previously received input in child-centred approaches as part of the initial development of the centre, as well as an initial introduction to the basic principles of

using sounds and music as communication in 2009 (Margetts Wallace and Young 2013). In common with research into music therapy consultation work in schools (Rickson 2012), the written feedback received from CRC staff appeared to show that this had precipitated the beginnings of an organic shift in the staff's awareness of what might be possible – away from the problems of the children in the classroom and towards ways in which relationships might be built (p. 274). However, practitioners' responses also showed the extent to which psychodynamic ideas were difficult to reconcile with traditional results driven approaches (Thornton 2002 p. 43). As one participant said; "The main difference between their [researcher and colleagues] work and ours is that we expect the children to achieve the results we engineer and plan for them while losing the real opportunities the child has" (written staff feedback document 2009). This observation resonates with Music as Therapy International²¹ therapist Salcin-Watts' (2007) experience of music therapy-based skills-sharing projects with staff working with children with learning disabilities in post-communist Romania, in which she found that practitioners wanted to assimilate knowledge and skills, but that such new ideas were not easily understood as they were used to medical or pedagogic models of working – a hierarchy involving "treating a patient rather than developing a relationship" (p. 44).

The vital importance of communicating to CRC staff participants that they were not being trained to be music therapists, and that the researcher would not be working directly in her capacity as a therapist was consistently considered throughout the fieldwork (Rickson 2012 p. 276). However, awareness was also retained throughout of the potential impact of psychodynamic music therapy-based thinking for participants, which underpinned the

²¹ <http://www.musicastherapy.org/> Accessed 21st November 2016

researcher's approach to the research. In very broad terms, one influence of sociocultural context might be a cultural lack of availability in terms of individual emotional needs. The researcher needed to consider that CRC staff might not easily be able to imagine being thought about and held in mind. Observation of, listening to, and reflecting on the responses of the group on an ongoing basis during each visit to CRC was integral to an accessible, manageable and potentially beneficial research experience for participants.

Theories relating to psychoanalysis accepted in Tsarist Russia were purged as bourgeois during the Soviet era (Miller 1998 pp 103-113), and only relatively recently revived under Mikhail Gorbachev's policy of *perestroika* (re-structuring) in the 1980s (p. 153). Miloszcz (1953) places this in the context of the contemporary Soviet doctrine. In the Soviet Union, there was no boundary between the individual and society. One was never alone and life was public. If Western neuroses, treated with psychoanalysis, result from man's isolation, then psychoanalysis has no relevance in the USSR and therefore no credence (pp 218-9). The term "psychotherapy" retains a degree of socio-cultural stigmatisation in Belarus and literature is difficult to obtain. Salcin-Watts (2007) found that, in communist Romania, there was not the free access to psychological literature enjoyed by Western practitioners (p. 44). In 2014, the researcher was informed that such texts in Russian might be procured only from St. Petersburg in Russia.

Narrative research by Pustulka and Slusarczyk (2016) into the oral recollections of Polish migrants of their Soviet era schooling revealed that, for some, the social distance which existed between themselves as children and their teachers provoked attendant feelings

of fear and powerlessness. These experiences were viewed as normal and the respect shown to those teachers valued (p. 228). As described in Chapter 2 (pp 58-59), an authoritative and “harsh” approach to children in schools continued in Belarus in the early post-Soviet years (Shutova 1999 p. 3). In Belarusian special schools, medical and pedagogic approaches in which the child’s needs are considered as pathology continue to be described (Vargas-Baron, Janson and Mufel 2009 p. 16) and may perpetuate that same sense of normalized emotional distance between staff and children.

In common with music therapy-based skills-sharing research detailed in Chapter 2 (Twyford and Rickson 2013, Rickson 2012), the design, content and delivery of the present research fieldwork acknowledged the potential emotional complexity, for CRC staff participants, in seeking to lessen possible social distance and to develop closer relationships with children with complex needs based on Winnicott’s theory of mother-infant interaction (1960). Research by Watson (2005) on the learning experience of UK psychodynamic music therapy trainees found that: “Through the process of learning to help other people, student therapists must also be helped, and change, themselves” (p. 9). While *not* training to be music therapists, the process of learning new ways of supporting the children of CRC through the development of relationship could potentially involve shifts in both professional and personal self-perception for staff participants. Such change can be deeply felt and may precipitate anxiety as the learner’s sense of their professional self can be challenged (p. 10). Watson further writes: “They are taking risks, journeying outside their realm of experience to develop their understanding, make links and construct their own meaning. They are, in the process, making a change to their knowledge, and sometimes their attitudes and beliefs” (p. 13). The aim throughout the

fieldwork was to provide a safe, boundaried learning experience (Pethyridge 2013 pp 25-9) for both staff and child participants which would be accessible and meaningful within the context of classroom practice (Rickson 2012 p. 273).

5.2.3 Role and standpoint of the researcher

Research by music therapist Kenneth Aigen (2000) acknowledges the interaction between the biography and standpoint of the researcher and the research process and findings. In the present study, the researcher is a music therapist of over twenty years' experience of work with children and adults with complex needs, and is a former senior lecturer on the MA in Music Therapy programme at University of Roehampton (2007-2014). As the research was undertaken by a therapist-as-researcher, thinking around the approach to and delivery of the fieldwork with the staff group of CRC Minsk emerged from this standpoint. Psychoanalytic psychotherapist Harvey (2017) contends that a trained, experienced therapist cannot completely put aside those skills in the research context (p. 42). An ability to offer emotional containment for participants' experiences while not taking the role of therapist can be "invaluable" (p. 48). Clear boundaries around the role of therapist-as-researcher were consistently maintained with the support of supervision.

Published studies in the emerging field of music therapy consultation (Chapter 2 pp 56-57), in which the music therapist's role is similarly to support classroom practitioners to work with children advocate the development of relationships with participants based on empathy, trust and respect (Pethyridge 2013 p. 25, Twyford and Rickson 2013, Rickson 2012 p. 271). Rickson (2012) describes considerations for music therapy consultation with school staff teams which supported the researcher's approach. These included

valuing knowledge, professional roles and skills, and remaining both responsive to local cultural attitudes towards those perceived to be “in authority” and aware of potential power differentials. The potential for envy from the staff team was also held in mind in order not to confirm any possible negative self-perceptions.

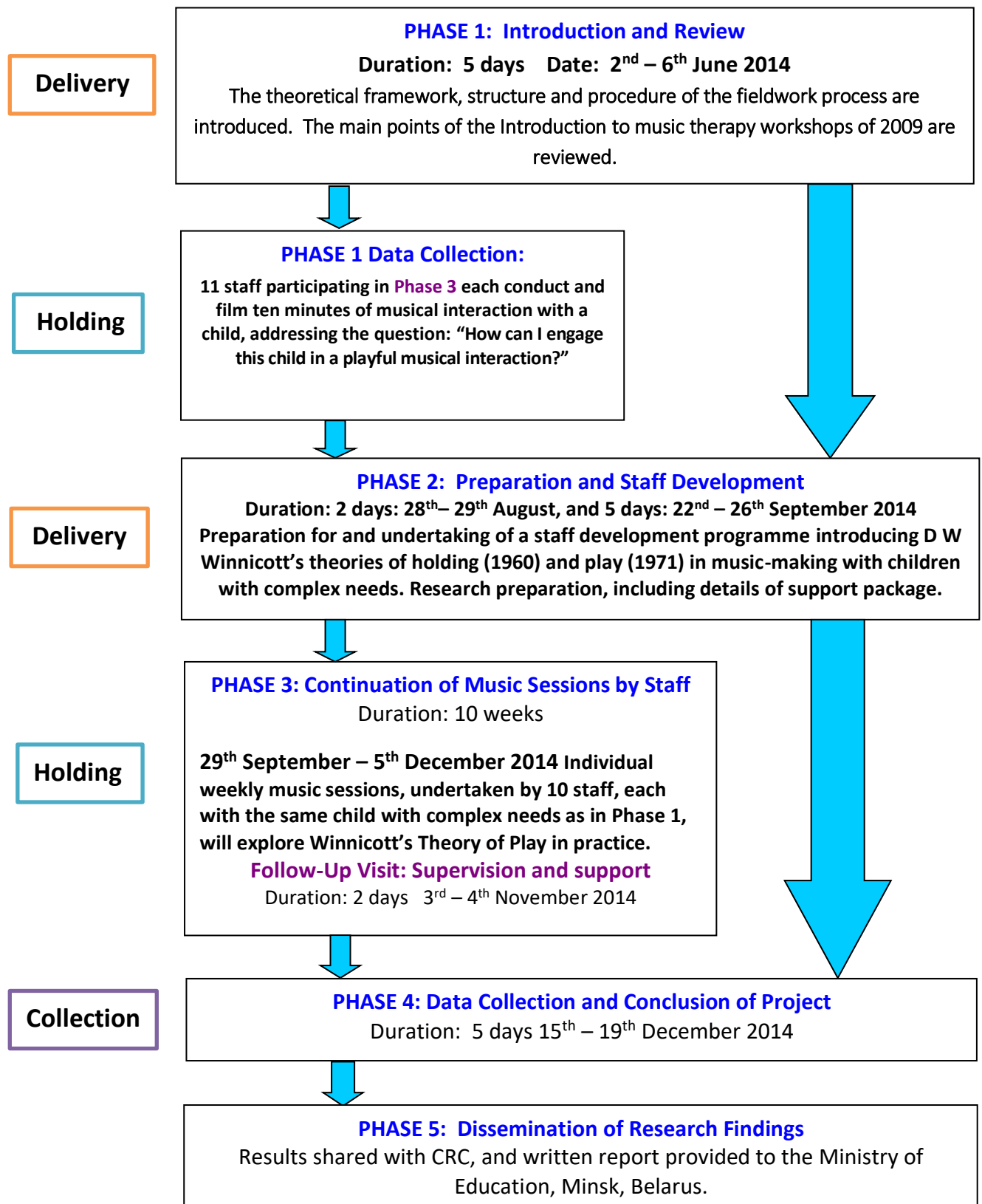
The research has aimed, as far as realistically possible, to be a shared endeavour to which all parties would bring expertise (Lindenfelser et al 2012, Quin 2007). Hedegaard and Chaiklin (1998, 1993) propose a four-phase Development and Practice-centred Approach to extend school consultation practice, underpinned by Vygotsky’s theory of multiple pathways for development (Chapter 2 p. 47). The authors describe a “three-quarter relation” in which ideas are introduced and discussed, rather than imposed. Input is sought from classroom staff to develop practices which meet the current needs of the children within the socio-cultural context (p. 93).

5.3 Design of the Fieldwork

5.3.1 Structure

Figure 5:1 (below) shows the structure of the project fieldwork at CRC, which took place in four phases over six months between June and December 2014. All research protocols were informed and guided by knowledge of and sensitivity to local sociocultural context (Trimble 2006 p. 6). Continuity for participants was integral to the overall aim of providing a safe, held learning experience.

Figure 5:1 Research fieldwork structure flow diagram



Each fieldwork day was consistently structured, and included both theoretical and practical sessions. Making links between each day's learning, and between each research phase aimed to maximise understanding and minimise potential anxiety arising from misapprehension. Staff participants' thoughts and ideas during Phase 1 informed subsequent phases, including the staff development programme in Phase 2.

5.3.2 Form and content

Figure 5:2 gives an illustrative wheel model of the evaluation instrument (Chapter 4) which formed the foundation of the research form and content. At the centre is the potential relationship between CRC staff participant and child with complex needs. To structure and facilitate that process are the elements of the evaluation instrument, grouped under three domains: Individualising physical space, waiting, watching and listening, and matching and adapting. This design aims to promote "holding" (Winnicott 1960), without which the overall goal of playfulness cannot happen (Levinge 1993 p. 224).

With the learning points of the evaluation instrument wheel model at the centre, the aim was for the fieldwork process to be held by positive, collaborative relationships between researcher and CRC staff participants based on empathy, trust and respect. Accordingly, the intervention comprised three interrelated layers; principal considerations, fieldwork content and delivery, and a support package for participants as shown in figure 5:3.

Figure 5:2 Evaluation instrument wheel model

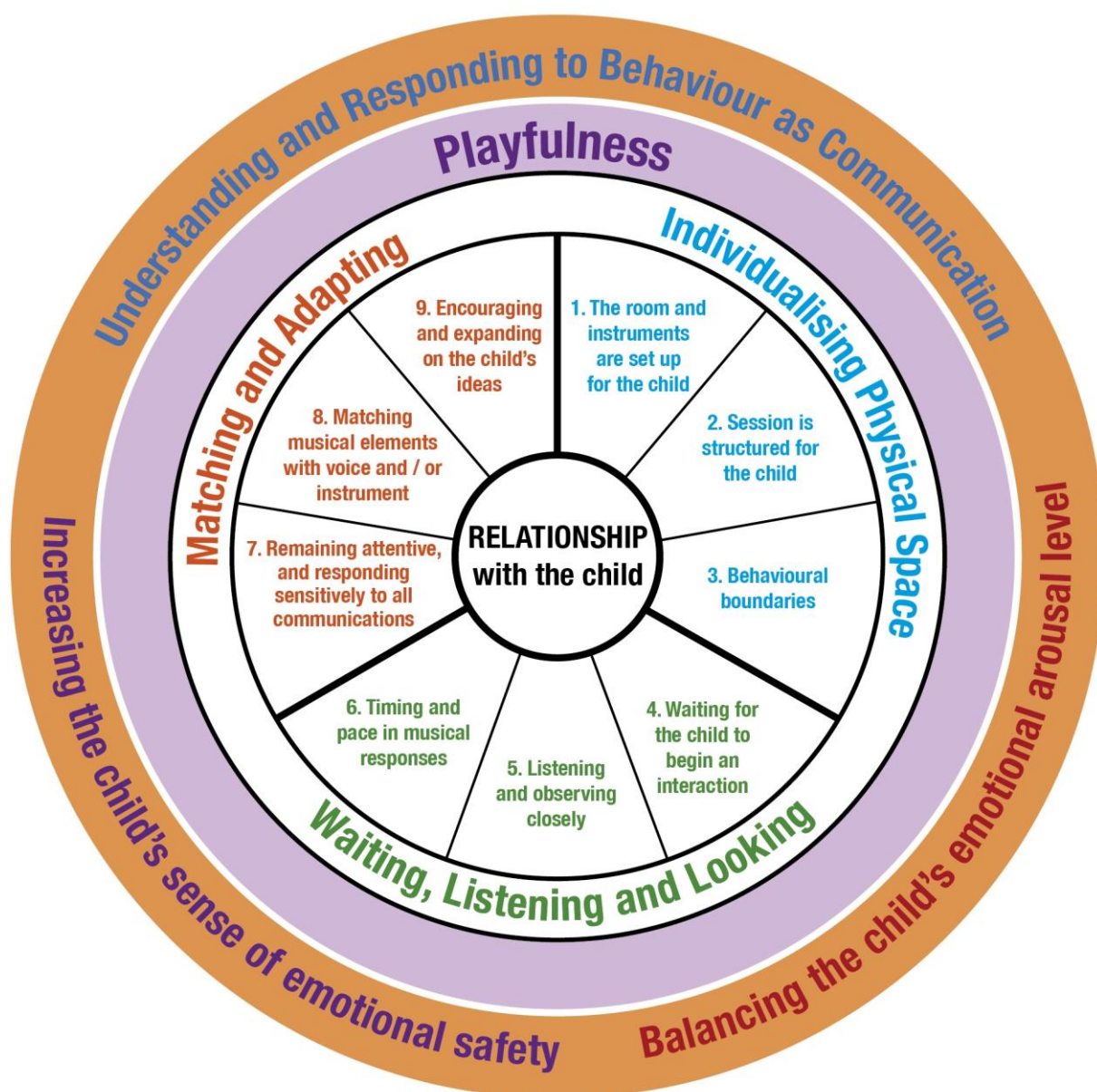
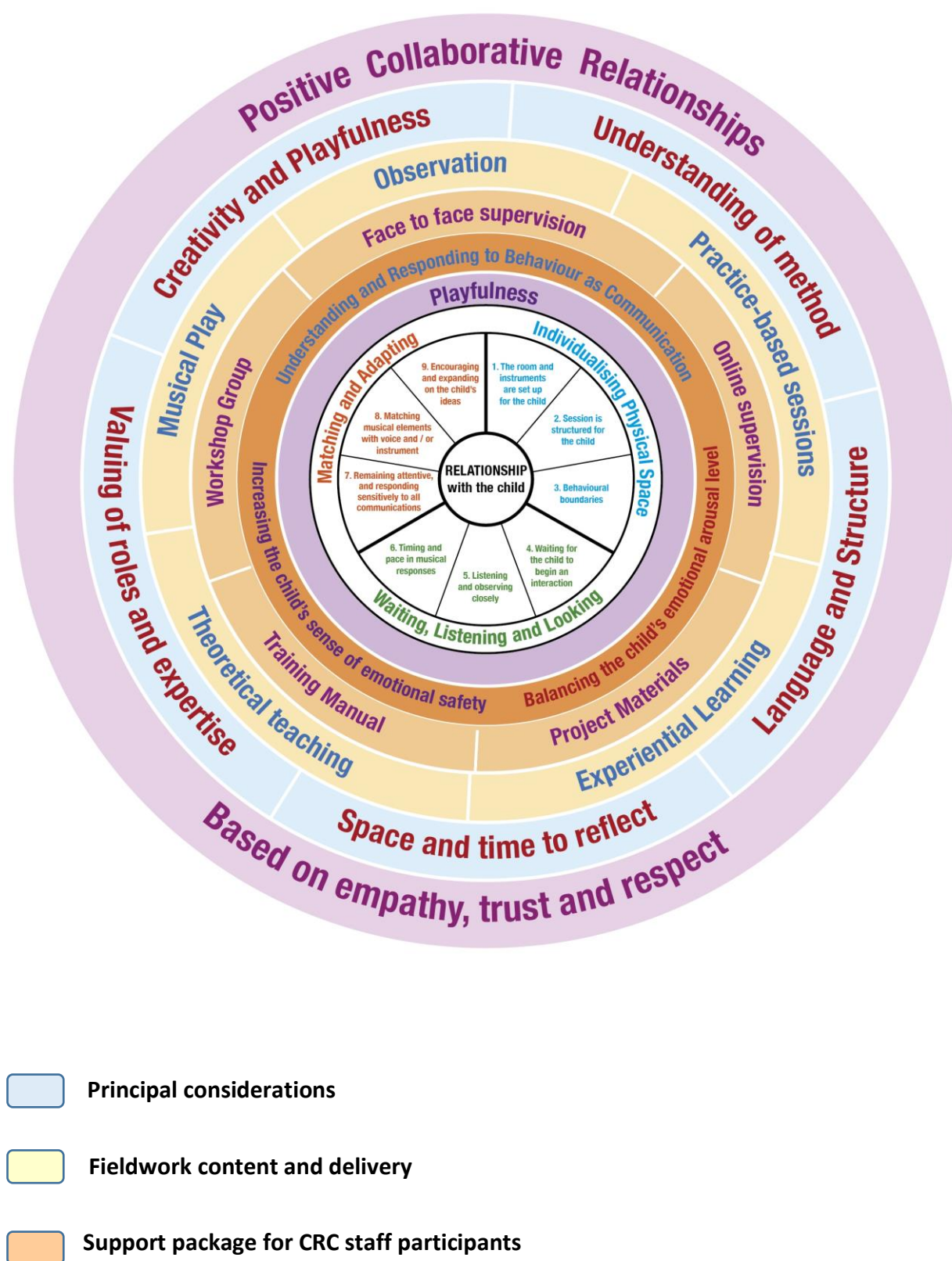


Figure 5:3 Fieldwork design wheel model



5.4 Principal considerations

The essential development of positive, collaborative relationships with CRC staff participants was underpinned by five principal considerations of approach (figure 5:3).

5.4.1 Valuing of roles and expertise

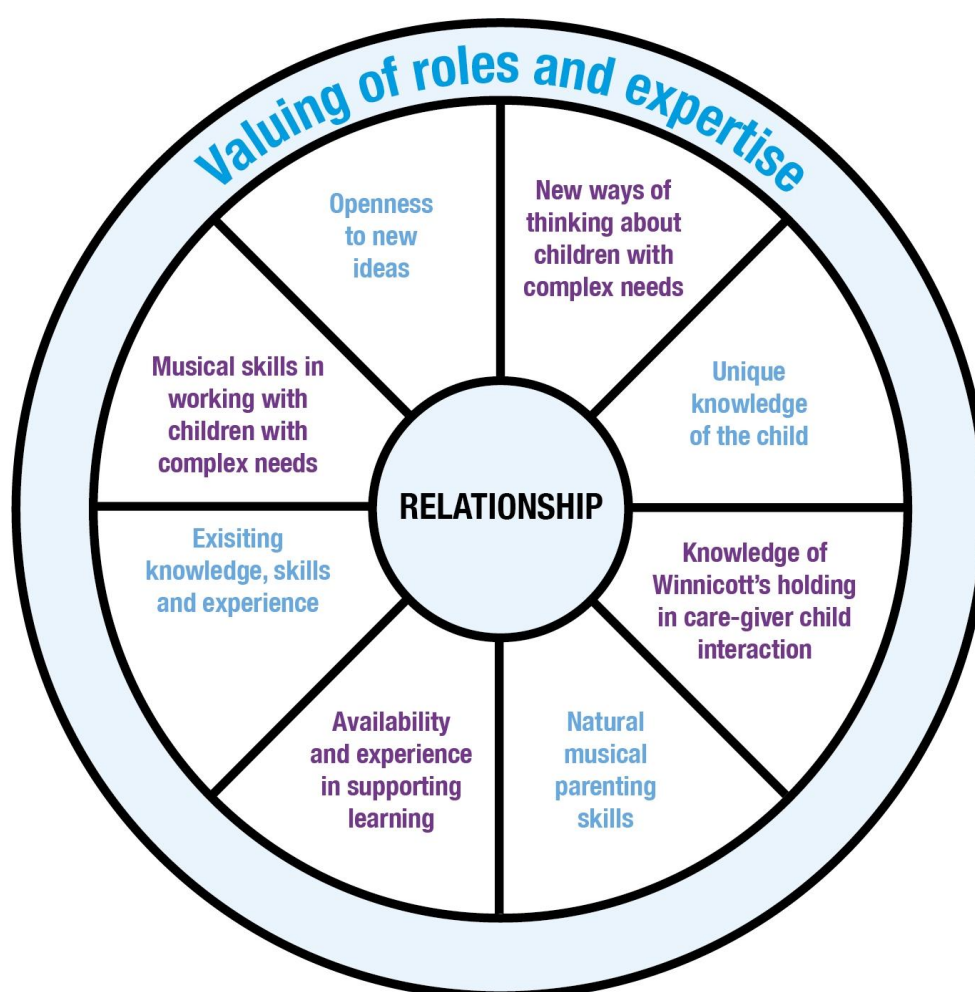
At the centre of the process of music therapy-based consultation with staff teams in special schools is the development of relationships between consultant and participants. The consultant remains mindful of his or her responsibility for the well-being of participants throughout the process, aiming always to create an environment conducive to the development of confidence and the reduction of the potential for anxiety (Rickson 2012 pp 270-4).

The importance of the knowledge, skills and qualities brought by classroom practitioners to music therapy-based projects in post-communist countries such as Romania and Georgia has been well evidenced by the music therapists of Music as Therapy International (Quin 2007 p.12). In common with research undertaken by music therapist de L'Etoile (2001 p. 8) with special school classroom practitioners in the UK, each CRC staff participant was asked to contribute one children's song, relevant to the needs of the child with whom they would be working in research Phase 3. These songs were collated and formed an important resource for the ongoing work.

From the outset, it was agreed with CRC staff participants that the research would be a

shared undertaking, to which all would bring important contributions. In figure 5:6, elements brought by staff participants are shown in blue and those by the researcher in purple.

Figure 5:4 Valuing of roles and expertise wheel



Following an overall theme of increasingly powerful modes of transport, this model represented the first "wheel", and was presented pictorially to the staff participants as the larger wheel of a penny farthing bicycle.

A more specific illustration of the essential need to value roles and expertise within the participating staff group occurred in relation to P4, who was overall an enthusiastic, committed, thoughtful and insightful member of the group. She was greatly respected by her peers and she appeared to take pride in this. The researcher and research assistant discussed and recorded the possibility of professional disruption for this participant which appeared periodically revealed in her non-verbal communication. Consequently, P4 was offered specific organisational responsibilities throughout the process. For example, she was invited to lead some musical activities. The researcher noted: "It feels positive that she [P4] is keeping a sense of role and authority in her management of the logistics of the sessions and in making her existing knowledge clear" (researcher's journal p. 46).

5.4.2 Understanding of the method

The Russian Revival Project, which offers training for Russian psychotherapists and mental health practitioners by Jungian psychoanalysts, describes some of the fundamental challenges of working with post-Soviet Russian students:

The privacy of the self has a very different context in Russia ... We are gradually learning how this has enduring implications for any shared understanding of western psychotherapeutic ideas of boundaries, trust in confiding relationships, personal individuation and the place of the individual in the collective ²²

A key research hypothesis was that Winnicott's theories of the holding environment (1960) and play (1971), based on the "aspect of shared humanity" (Bridges 2009 p. 108) that is part of natural mothering processes (Phillips 2007 p. 4), might offer an accessible

²² <http://www.russianrevival.co.uk/challenges.html> Accessed 15th November 2013

theoretical framework to support development of relationships between CRC staff and children with complex needs. Understanding of the method offered was potentially further enabled by the overall fieldwork structure, the language used, the pace of delivery and variety of learning methods which aimed to integrate theory and practice within the local context. A fundamental factor of Winnicott's theory of holding was that the "good enough" mother presents the world to her infant in manageable doses (1991 pp 69-75). Accordingly, the consistent aim was to support potential for digestion of new ideas of working with children with complex needs through careful consideration of the timing and pace of their presentation (Watson 2005 p. 12).

5.4.3 Language and structure

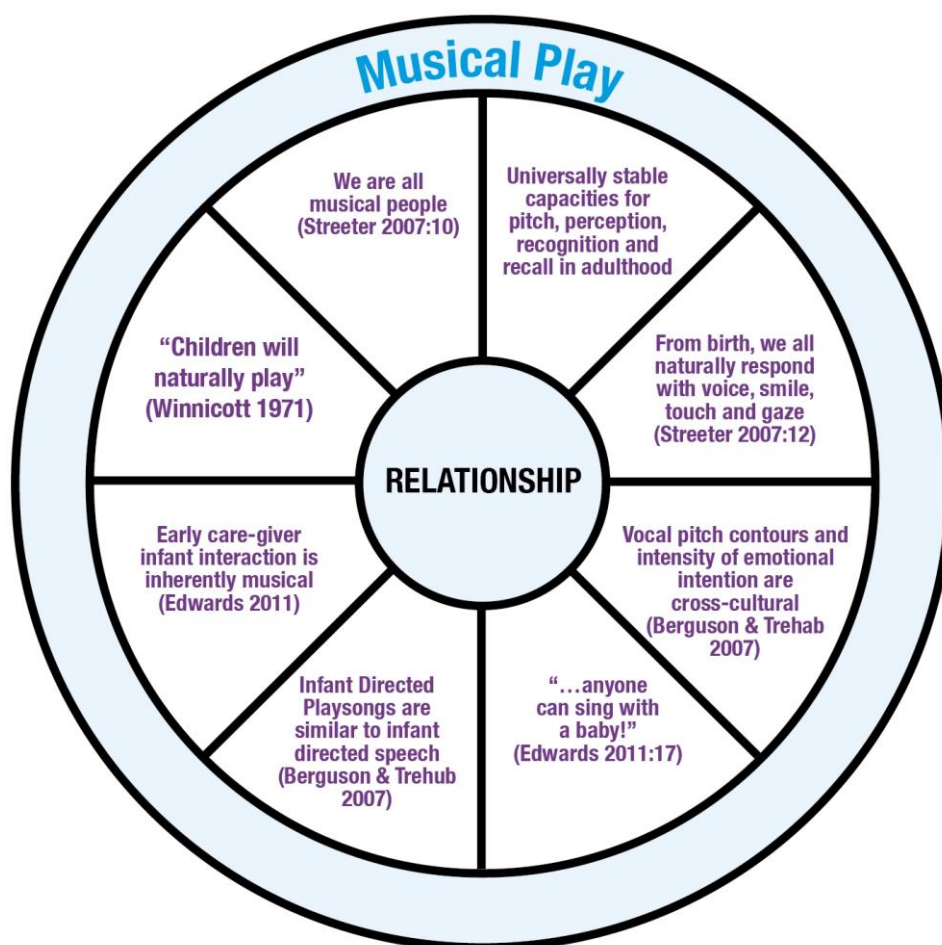
The language used in every aspect of the researcher's interaction with Belarusian classroom practitioners was carefully considered. Live and written translation between Russian and English was required throughout the fieldwork (Chapter 3 pp 87-88). Independent verification, via back-translation confirmed the accuracy of the linguistic translation (Birbili 2000 p. 4²³) for both live and written translation with positive effect (appendix A).

One way in which the researcher aimed to ameliorate the potential of being perceived as an "expert" (Rickson 2012 p. 271) was by welcoming the staff participant group each day with a sentence in Russian, followed by a greeting song sung by researcher and participants, also in Russian. The aim in both translated written and oral communication

²³ <http://sru.soc.surrey.ac.uk/SRU31.html> accessed 17th August 2015

was to use clear, concrete, non-technical language to minimise the risk of misinterpretation and misunderstanding and possible resulting anxiety for participants.

Figure 5:5 Why we are all musical wheel model



The research process presented CRC staff with potentially new, sometimes challenging ideas and ways of working (Salcin-Watts 2007 p. 44). The content of the fieldwork programme was clearly structured to hold any anxiety which might potentially arise. Research Phase 1 aimed to give a systematic introduction to the theoretical framework of the work, to begin to connect with creativity and build confidence in the use of music.

The addition of a second transport wheel at this point (figure 4:7) upgraded the earlier penny farthing to a modern racing bicycle.

5.4.4 Space and time to reflect

Working with the staff team in Phase 1, the researcher noted a general absence of space for thinking (researcher's journal 2014). While expressing great appreciation for the learning offered, participants tended to fill up all the space in teaching sessions with rapid talking. Planned exercises were completed very quickly and superficially (pp 13-16). Therefore, space to acknowledge and process feelings which might arise from the material was particularly emphasised in subsequent research phases. Staff participants were supported to reflect on the impact of their learning on their thinking and practice. Appropriate reflective structures were built into each research phase; for example, at the end of each of the five visits to CRC between June and December 2014, staff participants were encouraged to think about what they had found most enjoyable, and what they had found most challenging. They were also supported to map their own process using a generically available visual tool called a "blob tree"²⁴.

During Phase 2 (Preparation and Staff Development Programme), participating staff began each day by reflecting on the previous day's learning. This offered a consistent space within which thoughts and questions could be discussed and recorded on a flip chart in both Russian and English (while also clarifying any linguistic misinterpretation). Each day concluded with a reflective group musical improvisation. Everyone involved,

²⁴ <https://www.blobtree.com> Accessed 19th December 2017

including researcher and translator, was then encouraged to express their affective response to the music created through drawing. This non-prescriptive approach was loosely related to one of Winnicott's famous therapeutic tools for working therapeutically with children – the squiggle game (Phillips 2007). Here the child is invited to doodle freely on an empty piece of paper, which image became, for Winnicott, representative of his inner experience in that moment (p. 15). A well-presented sketchbook (Moon 2006 pp 93-96) was given to each person to facilitate the capture of thoughts and impressions in a concrete, non-verbal form, privately as well as during these structured opportunities. Rather than an additional piece of work to be completed, staff participants were encouraged to think of this method of reflection as enhancing and deepening the learning experience. All art materials provided remained at CRC. Participants were advised that the sharing of their sketchbook images was voluntary. Several people chose to keep their sketchbooks entirely private.

Figure 5:6 “Yellow brick road” closing reflective exercise of research Phase 4.



Participants were supported to reflect on their experiences of the research process at the end of each phase. The closing group musical improvisation was recorded, and then

played back as everyone involved contributed to a group drawing on a single large sheet. Of the first such reflective activity, the researcher wrote: “People were apprehensive, but soon pitched in! The paper was soon full of vibrant images of flow, growing things, shapes and colours!” (researcher’s journal p. 33). At the end of Phase 4, researcher, staff participants and translator improvised music together to release thoughts and feelings about their overall research journey, which were then given visual form in spontaneous words and drawings on a pre-prepared “yellow brick road” (figure 5:6). This resource remained at CRC.

5.4.5 Creativity and playfulness

One of Winnicott’s key principles was the fundamental importance of play to health in both adults and children (1991 p. 234). Connection with their own creativity in a spirit of playfulness was integral to supporting staff participants in gaining confidence and in developing their own ideas. Part of supporting staff to relate more freely to children with restrictive pathologies involved engendering this spirit of playfulness in all aspects of the work together, to play with music, words, ideas, and to make creative mistakes. While serious in content, every attempt was made to communicate theoretical material in creative and playful ways. As seen, the fieldwork process itself was presented visually as a journey, accumulating wheels which, when added to increasingly powerful modes of transport, evidenced knowledge and skills gained.

Throughout, CRC staff were supported to explore their own playfulness through

structured musical activities and games. During the third day of the Staff Development Programme, staff participants chose a finger puppet “blind” from a bag. In pairs, they then took turns to non-verbally “tell a short story” using only the puppet. Their partner aimed to improvise a musical response, using only a kazoo, which responded to the shape, contour and intensity of the puppet’s movements and gestures, as well as to the perceived mood of the “story”. Amidst fun and laughter, the serious learning point was made that a child with complex needs can communicate much through the quality of his movements and gestures, and that the observant, listening adult can respond creatively in ways which are meaningful to the child.

5.5 Content and delivery of the fieldwork

5.5.1 Overview

Following music therapy-based skills sharing workshops in 2009 at CRC, classroom practitioners outlined four areas for further support in working with children with complex needs (written feedback document 2009).

- How to lower emotional pressure on the staff working with children with complex needs (Geddes 2006 pp 127-8).
- Communication skills; new approaches to building relationships with children with complex needs.
- Non-traditional ways of work with children with complex needs.
- Understanding and working with challenging needs.

The research fieldwork process sought to respond to these areas in supporting CRC staff participants to develop their relationships with the children. The fieldwork structure (figure 5:1) combined theoretical teaching sessions, structured exercises in observation and listening, experiential learning, music-making, including vocal workshops, and opportunity to transfer learning into practice through music-making with the children.

Each research phase was consistently structured to further promote a sense of a predictable, held learning experience for participants. These structures were negotiated with the CRC staff team in advance to best suit both practitioners and children with complex needs. Particular consideration was given to the children's fluctuating energy levels throughout the day. Each day of the staff development programme comprised a theoretical teaching session, a practice-based session with the children and observation and listening exercises in the morning, followed by a Workshop Group session (section 5.5.4) and musical activities in the afternoon. A daily plenary offered further opportunity to bring anxieties, questions and reflections.

In the delivery of Phase 2 (Preparation and Staff Development) only, the researcher was supported by a music therapist colleague who undertook the role of research assistant. This was predominantly a supporting role, although she also took an active part in musical activities (section 5.5.5). The most important function of the research assistant was realised in daily de-briefing of the sessions with the participant group while in Minsk. The research assistant both supported the researcher to reflect on and to process the impact of the work. This, together with a second viewpoint was invaluable in retaining objectivity in terms of the research. "Holding" the process in this way also facilitated

ongoing creativity and playfulness in approaches to the delivery of material offered to participants (Chapter 8 pp 351-4). The research assistant was not involved in data collection or analysis.

5.5.2 Theoretical teaching

Previous experience of working with staff at CRC (Chapter 1 p. 17) showed that the expected mode of delivery of professional staff training in Belarusian special education was didactic teaching. A more formally delivered theoretical teaching session was therefore offered on each day of Phase 2. The arrangement of participants' chairs was changed from rows to a circle and there were frequent opportunities for discussion.

Phases 1 and 2:1

Theoretical teaching sessions during these early research phases focused firstly on consideration of the importance of the teacher-pupil relationship (Chapter 2 pp 40-41). Geddes (2006) suggests that teachers who create warm and positive relationships with their pupils are more likely to have correspondingly strong outcomes in terms of academic achievement and social resilience (p. 242). Having identified the need to improve relationships with the children at CRC, staff participants were supported to begin to think about how an understanding of the child's behaviour as a potential communication of their feeling state might facilitate that process. Receiving powerful raw emotions expressed through challenging behaviour can have a profound personal and professional impact on the classroom practitioner, who may struggle to maintain a

reflective, rather than a reactive stance (pp 129-132). This may become even more difficult with increased personal and organisational pressure.

Phase 2:2. Staff Development Programme

Daily musical activity sessions, experiential learning and theoretical teaching sessions were each linked to the elements of the evaluation instrument (Chapter 4). Learning aimed to relate Winnicott's theories of the holding environment (1960) and play (1971) to interactions between an adult and a child with complex needs, and was supported by corresponding available Russian translations of Winnicott's writings. The researcher contacted a Russian graduate of the Russian Society of Analytical Psychology (IAAP) programme in Moscow, who had experience of translating psychoanalytic literature, as well as a working knowledge of the few available texts.

These derived mainly from an accessible collection written by Winnicott to support parents' concerns: "Talking to Parents" (1993). A summary of the topics covered in the theoretical teaching sessions during Phase 2:2, together with the corresponding core elements of the evaluation instrument and the supporting literature, is given in table 5:1. The aim throughout the staff development programme was that experiential and observational sessions would link directly to this theoretical learning. The outline of sessions for day 2 of Phase 2:2, which was given to all CRC staff, is given in Appendix D.

Day 1: Winnicott's theories of the holding environment and play

An introduction to Winnicott's theories of the holding environment (1960) and play

(1971) as understood and practised in psychodynamic music therapy, was given in Phases 1 and 2:1.

Table 5:1 Summary of theoretical teaching sessions research Phase 2:2

Research Phase 2:2	Core element of the evaluation instrument	Theoretical Focus	Literature
Day 1: Introduction and Overview	All	Winnicott's theories of the holding environment (1960) and play (1971) in work with children with complex needs.	DW Winnicott (1960) 'Security' In DW Winnicott (1993) <i>Talking to Parents</i> Perseus publishing pp87 – 93 Winnicott DW (1960) "Feeling guilty' In DW Winnicott (1993) <i>Talking to parents</i> Perseus publishing pp95 – 103
Day 2: Boundaries and Structure	Individualised Physical Space	Winnicott's holding (1960): Maintaining the environment, protecting from impingements, going on being, good enough: Behaviour as communication.	Winnicott DW (1960) 'Saying No' In DW Winnicott (1993) <i>Talking to parents</i> Perseus publishing pp21 – 39
Day 3: Waiting, Watching and Listening	Waiting, watching and listening	Components of Winnicott's theory of holding (1960): Object presenting. The importance of timing and pace, close observation and listening, and consideration of what the child can manage in an interaction. Ways in which these ideas might support the development of playfulness.	Winnicott DW (1964) 'The world in small doses' In DW Winnicott (1964) <i>The child, the family and the outside world</i> London: Penguin books pp69 - 75
Day 4: Play and Compliance	Matching and adapting	Winnicott's holding (1960): Playfulness and compliance in interactions with children with complex needs. Outcomes of a holding environment that is not good enough.	Margetts L (2011) 'Time to Listen: Music therapy with a young man with profound multiple learning disability' In <i>PMLD Link</i> 23 pp 6-8
Day 5: Review and research preparation	Playfulness	Review of week's theoretical material.	Winnicott DW (1964) 'Shyness and nervous disorders in children' In DW Winnicott (1964) <i>The child, the family, and the outside world</i> London: Penguin Books pp211 – 212

The first day of Phase 2:2 outlined application of these theories in building relationships with children with complex needs and included:

- Primary maternal pre-occupation
- The holding environment: holding, handling and object presenting
- Attuning to the child's positive and negative states
- Protecting from unwanted impingements, recovery from difficult experiences
- The good enough mother (and practitioner): the ability to make instinctive adaptation to the child's needs, and to withstand distress and aggression
- Mirroring and matching
- The importance of creative play to a child with complex needs.

Theoretical material was illustrated with generic video examples of playful vocal interaction between a mother and baby and musical exchanges between music therapists and children with complex needs.²⁵ These demonstrated attunement with movement, non-verbal cues, and sounds (Oldfield 2002). One staff participant reflected on the importance of tuning in to the child and matching the child's activity, rather than imposing one's own version of musical activity on the child (feedback sheet 23rd September 2014).

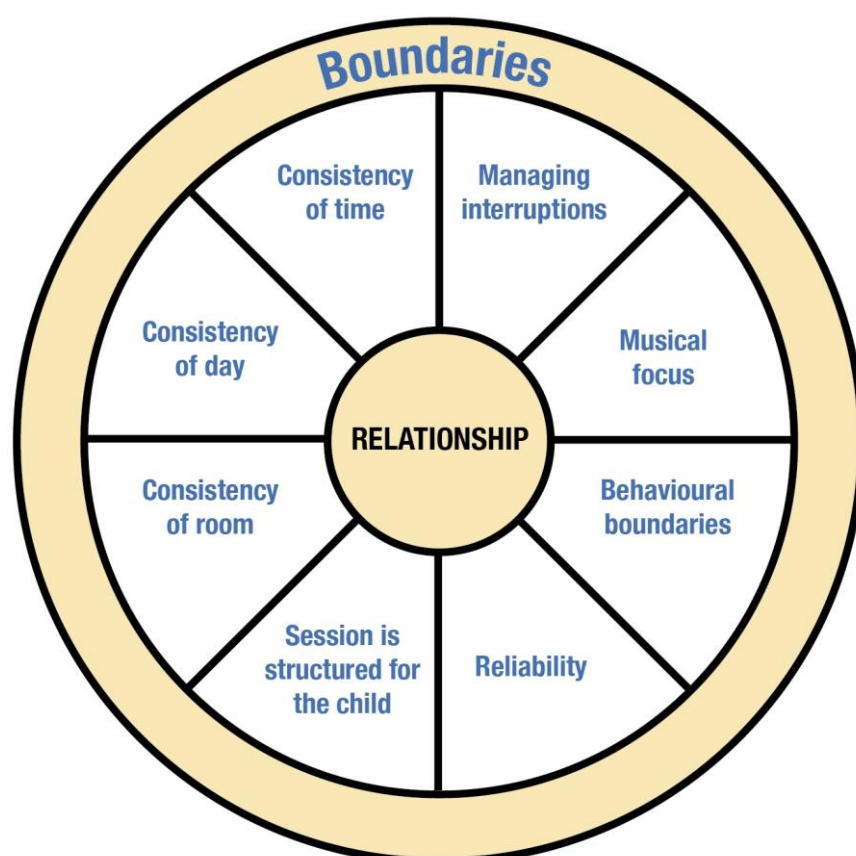
Day 2. Boundaries and structure

Of group music therapy with children and support staff in the diverse community of a special school Sutton (2002) writes; "The features holding these elements together were

²⁵ <https://www.bamt.org/british-association-for-music-therapy-resources/music-therapy-on-video.html#>
Accessed last 24th November 2017. Permission was gained from the music therapists concerned to use video examples posted on the BAMT website and DVD copies shared.

the room in which we met, the regularity of sessions, the time boundary, and the musical focus” (p. 189). The second day of the staff development programme focussed on the first three elements of the evaluation instrument grouped under the core element of “Individualising physical space” (figure 5:2, Chapter 4 p. 127). Staff participants were supported to relate their own knowledge of the children, together with new learning to the creation of a physically and emotionally safe environment for individual music sessions with a child with complex needs. A wheel model summarised these considerations of boundaries and structure (figure 5:7).

Figure 5:7 Boundaries and structure wheel model



Ways in which a music session might be prepared and structured for the individual child were considered. Practitioner reliability in terms of consistent boundaries of day, time

and place, together with the arrangement of the room and provision of instruments for the child in relation to specific sensory and mobility needs were discussed. In accordance with Winnicott's (1993) theory of the holding in which the mother seeks to protect her baby from unwanted impingements (p. 89), the importance of and reasons for the maintenance of a consistent, private space for the child were explored. Guidance given included:

- The sessions should be between twenty and thirty minutes in duration, depending on what the child can manage
- Every session should have a consistent greeting and a closing structure to support transitioning for the child.
- Musical structures will need to be accessible to the child in accordance with their individual needs.
- Particularly accessible musical structures might remain the same each week to promote confidence and continuity.
- Where the child may be becoming lost in a repetitive pattern, the structure may need to be changed.

Different ways of preparing the child for each session were considered; for example, using a favoured instrument as a visual introduction to the musical activity to come. Ideas for musical structures appropriate for children with complex needs (Corke 2002, Streeter 1993) were provided in the training manual given to all staff participants (section 5.7.4) and these were further explored in practical music-making activities (section 5.5.5). Participants were also actively encouraged to experiment with their own musical ideas within the sessions, with the aim of establishing a playful interaction with the child.

Behavioural boundaries appropriate to music sessions (Chapter 4 pp 129-130) were

considered both from the perspective of UK music therapy and local norms of behaviour at CRC. Continuing previous thinking about a child's behaviour as a communication of their emotional experience (Geddes 2006 p. 34), learning then focussed on an example of a child throwing instruments in a music session. While the behaviour per se is neither safe nor acceptable, participants were encouraged to also reflect on the throwing as a possible communication of, for example, frustration at not being able to make the desired sounds, or a need for more space.

Day 3: Waiting, watching and listening

This theoretical teaching session aimed to relate Winnicott's theory of object presenting, an essential component of a good enough holding environment (2005 p. 150), to musical interaction between an adult and a child with complex needs. When all goes well, the mother's love enables her to tune in to her baby, and to provide what is needed in the right amount at the optimum time, so as not to overwhelm him or her (Winnicott 1991 p. 74). This requires the caregiver to be attentive, to observe and to listen carefully, which produces a sense of confidence in the infant such that he can take reliable maternal care for granted and engage with novel experiences with assurance (Sroufe 1996 p. 144).

Winnicott (1974) himself drew a parallel with synchrony in mother-infant interaction and his work as a therapist when he observed: "We cannot hurry up our patients" (p. 90). The importance of waiting, listening and looking in interaction with children with complex needs (Gurney 2011 p. 28) was one with which staff participants agreed in theory, and found much more difficult in practice. One said: "You can't hurry the children up and you

can't make them follow your pace" (feedback sheet 25th September 2014). Reflecting on learning during the staff development programme overall, another commented:

"Everything starts with the silence. A lot of attention is paid to pausing, and you have to move with the child, observe the child, and give the child enough space to initiate things" (feedback sheet 26th September 2014).

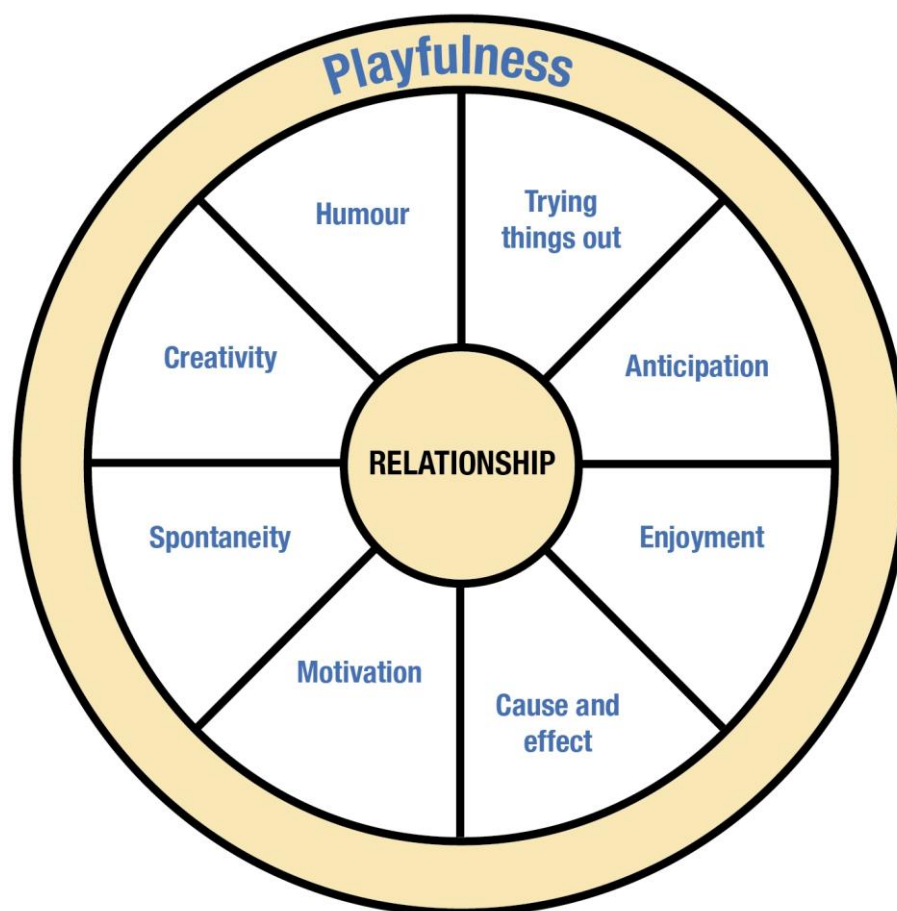
Theoretical principles were illustrated with generic video examples of an interaction between an infant and his mother, and of vocal interaction between a music therapist and a child with complex needs. The latter showed growth in the child's confidence that the adult would follow her pace, and match the musical qualities of her vocal phrases, which was evidenced by increasing strength in her vocal tone.

Day 4: Playfulness and Compliance

The fourth theoretical teaching session re-visited Winnicott's statements about the importance of play to the health of children and adults: "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (1971 p. 73).

Winnicott (2005) argues that play can only happen within good enough environmental provision. Participants then moved on to consider outcomes of sustained deficit in the provision of reliable caregiving. From both a psychotherapeutic and a neurobiological perspective, this can have serious implications for the mental health of the developing child (pp 151-2).

Figure 5:8 Elements of playfulness wheel model



Winnicott (1956) further posits that the baby who does not experience good enough maternal holding is jolted into shock and reaction and must fight to hold himself together (p. 300). This was illustrated in a film depicting Tronick's (2007) "Still Face Experiment" (Chapter 2 p. 36). A Russian translation of the transcript below was distributed to participants.

With the "Still Face Experiment", what the mother did was she sits down, and she's playing with her baby, who is about one year of age, and she gives a greeting to the baby, the baby gives a greeting back to her. This baby starts pointing at different places in the

room when the mother is trying to play with her and engage with her. They're working to coordinate their emotions, and their intentions; what they want to do in the world, and that is really what the baby is used to. And then we asked the mother to not respond to the baby. The baby very quickly picks up on this, and then she uses all of her abilities to try and get the mother back. She smiles at the mother, she points, because she is used to the mother looking where she points. The baby puts both hands up in front of her and says: "What's happening here?" She makes that screeching sound at the mother, like "Come on! Why aren't we doing this?" Even in this two minutes when they [infants] don't get the normal reaction, they react with negative emotions; they turn away, they feel the stress of it, they may actually lose control of their posture because of the stress that they are experiencing.

Some participants highlighted this film as crystallising the importance of sustained emotional and communicative responsiveness in an interaction with a child with complex needs (feedback sheet 26th September 2014).

Day 5: Review and research preparation

The final day of the staff development programme offered opportunity for staff participants to review theoretical and practice-based learning within the context of their classroom practice. The principal tenets of Winnicott's theories of the holding environment (1960) and play (1971) were re-visited and participants were supported to consider whether, and if so, in what ways their responses to this material had changed during the programme. Practical ways in which the core elements of the evaluation

instrument might combine to create a good enough holding environment for the child in an individual music session (Chapter 4) were recapitulated and occasional outstanding misunderstandings clarified.

The research preparation session provided step by step guidance to preparing, conducting and recording the ten weekly individual music sessions to be undertaken with a participating child during research Phase 3. This was supported by an accompanying training manual (section 5.7.4). Participants were encouraged to use their knowledge of the child to guide them in making choices of musical instruments, as well as their creativity in making those instruments accessible. They were also supported to use this knowledge to inform their perception of the child's own ongoing consent to participate in the music sessions. This might be evidenced by a change in his or her demeanour, an unwillingness to enter and/or stay in the room, or, if usually more passive, consistent withdrawal. Similar levels of monitoring applied to the child's consent to being filmed, which could potentially change during the ten weeks of music sessions. Awareness of potential shifts in a participating child's relationships with his or her peers in the classroom following ten weeks of special music time with a participating adult was encouraged. Participants were supported to understand the importance of how this might be managed in the classroom and that support from the researcher would be available.

5.5.3 Observation and listening

To effectively use the pre-designed evaluation instrument during data collection in Phase 4, CRC staff participants would need to build confidence in its use in assessing the musical

interaction between an adult and a child with complex needs. The evaluation instrument aimed to provide a practical realisation of key aspects of Winnicott's theories of the holding environment (1960) and play (1971) in the ten descriptors (Chapter 4).

Corresponding exercises in observation and listening during the fieldwork programme aimed to support the translation of theoretical knowledge into practical skills. Briefly introduced in research Phase 1, this area was explored in detail through structured observation and listening teaching and exercises (Phase 2) and in the context of supervision (Phase 3).

Phase 1

Initial ideas around potentially different levels of listening to and observing a musical interaction between an adult and a child with complex needs were introduced in research Phase 1. Participants were shown a generic short film (Newsinger 2012) in which a UK music therapist describes ways in which she works with people with complex needs. A translated transcript was provided. The film emphasised the importance both of close observation and detailed listening when working with children and adults whose communication may be unusual and often difficult to see or hear. Participants were then supported to share affective responses to the interactions shown.

Phase 2. Introduction of the evaluation instrument

To support the growth of observation and listening skills, in the context of musical interaction between the adult and a child with complex needs, the evaluation instrument

was introduced to provide a theoretical and practical structure. The first scale focused on the child's responses and the second scale on those of the adult (Chapter 4 pp 123-124).

Phase 2:1 Preparation

Following research Phase 1, participants requested much more practice in developing the listening and observation skills which would support thinking about a child's presentation and behaviour as potentially communicative. Structured practical sessions on each of the two days of Phase 2:1 introduced these ideas. Staff participants were firstly invited to listen, with closed eyes, to two contrasting pieces of music; one pre-composed and one improvisation played on a santoor²⁶ and to reflect on each experience using their sketchbooks (pp 151-163). The group discussed the experience of listening itself and how this might manifest in the context of musical interaction with a child with complex needs.

In two subsequent sessions participants were asked to record, in as much detail as possible, their observation of a filmed musical interaction between a music therapist and a child with complex needs under three headings: "What did I hear?", "What did I see?", and "How did the extract make me feel?" These findings were then discussed and recorded in Russian and English. Of the music heard, one participant said that the extract sounded "like making music out of silence". This emphasised the importance of waiting for the child to initiate an interaction. Participants noted that the music therapist responded musically to the child's subtle movements of her hand, arm and foot. Emotional responses to the same example were positive.

²⁶ The santoor is a hammered string instrument and is the national instrument of Iran.

To maintain momentum between research Phases 2:1 and 2:2 participants were encouraged to spend time tuning in and listening to everyday sounds and to notice their affective response to them.

Phase 2:2. Staff Development Programme

Daily structured sessions during Phase 2:2 continued the development of observation and listening skills. Examples from the researcher's own clinical work,²⁷ as well as further generic examples were viewed and considered against the descriptors of the evaluation instrument (Chapter 4). In line with corresponding theoretical material, three descriptors grouped under their core element formed the focus for each video observation:

Descriptors 1-3, (individualised physical space) on day two, 4-6 (waiting, listening and looking) on day three, and 7-9 (matching and adapting) on day four. Each descriptor was discussed in detail in relation to the musical interaction shown and misunderstandings clarified. Each video example was played twice. Participants were asked to focus on the child's musical and non-verbal communication for the first viewing, and then on the adult's responses for the second viewing. Recording of as much detail as possible and consideration of moments of playfulness and their antecedents were encouraged.

Phase 3. Supervision and Support

Participants were supported to continue to build observation and listening skills within small group supervision sessions (section 5.6.5).

²⁷ Full permissions were obtained to use these short films for teaching purposes

5.5.4 Experiential learning

Watson (2005) states: “Many theorists consider experiential learning to be the most useful ... because the students are active, taking responsibility for their own learning, and can relate and apply it to their own experiences and context” (p. 11). Experiential learning can, for some people, also be the most difficult, because in “doing” they are also potentially “feeling” (Jenkinson 2001 p. 35). The importance of a safe, supportive learning environment was realised as participants were enabled to enter fully into experiential learning and to take risks without feeling judged (Watson 2005 p. 12). Primarily used to didactic teaching, securely structured, playful games were often needed to support participants to engage with a different learning milieu (ibid.), as in this example.

Ticking bomb game

An important part of developing a relationship with another person is learning how to communicate with them – to understand their communication needs as well as one’s own. Children with complex needs require much more time to process and respond to communication (Gurney 2011). The “ticking bomb” game was designed to support understanding of the emotional experience of having to remember information quickly, while simultaneously formulating ideas under a time pressure.

A toy bomb with a strident ticking timer was used for this activity. Unbeknown to the participants, when the timer expired, there would be a loud explosive sound. Anticipation of an unexpected outcome added to the play. Standing in a circle, participants were asked

to say a name beginning with a more obscure (Cyrillic) letter. Without time to think, the timer was set. The first person said a name, and then passed the activated “bomb” to their neighbour and so on around the circle. Participants did not want to hold onto the bomb in case it “detonated”, so there was pressure to think of a name and pass it on quickly. The further around the circle the bomb travelled, the more names the next person had to remember before producing a new name with the same first letter. Once a participant could not instantly do this, the research assistant stood in front of them repeating the same question in different ways in rapid succession; “What is the name?” before the bomb “exploded”.

Participants realised that, instead of giving a child the time needed to respond, adults often repeat the same question when no answer is forthcoming. Alternatively, the question may be asked differently, requiring a new process of understanding and response which leads to confusion and stress for the child. P4 summarised: “When you are anxious you stop thinking” (feedback sheet 26th September 2014).

During Phase 2:1, a structured reflective exercise aimed to support staff participants to think about what *they* might need to be able to be playful with the children. Participants chose firstly to talk about inhibiting factors, including that an adult “ought” to have developed past play; that play belongs to childhood. There was a sense that letting go of the responsibility of adulthood would result in chaos (researcher’s journal p. 35). In Phase 2:2, some participants found the confidence to spontaneously realise experiential learning through play.

“Bubbles”

“Bubbles” (adapted from Corke 2002 pp 52-53) was initiated as a musical activity, conducted by staff participants in pairs. Using mixture provided, one participant blew a stream of bubbles while their partner used non-verbal vocal phrases to mirror the speed and shape of the bubbles’ trajectory. The aim was to combine observation and musical response without direct interpersonal pressure.

P10 used the safety of the structured activity to explore for herself the feeling experience of the child with whom she was working in the research who had severe cerebral palsy. Lying on her side on the floor and imitating the child’s arm movement, she strove to connect physically with the bubble stream blown by her partner. In so doing, she also connected with feelings both of joy in the play, and acute frustration.

P10 appeared to feel safe enough to play with finding out about the affective experience of limited movement. As a mature practitioner of many years’ experience, this represented a significant departure in terms of learning – particularly in the presence of peers. P10 described the activity as invaluable in increasing her empathy with the child.

5.5.5 Musical play

Writing and research pertaining to multi-cultural competency in music therapy supports the view that, while the engaging, playful, creative and expressive qualities of music can bypass language and cultural barriers, the music therapist should also have an understanding of the meaning of music in the local cultural frame of reference (Bradt

1997 p. 139). The research fieldwork raised the need to support staff to use music in a way which was outside local norms. Rather than striving for performance, CRC staff were encouraged to use music as a tool with which to interact playfully with the children.

Twyford and Rickson's (2013) music therapy-based consultation research in schools in the UK found that supporting classroom practitioners to access, utilise and develop their innate musicality was a complex process which took time (p. 133). At the start of the fieldwork at CRC, some staff participants stated that it was the role of the music teacher (P4) to "do music" with the children. While clear that music-based work would be effective, anxiety pertaining to a perceived lack of skills was present for several participants. Streeter (1993) states:

We may have learned somewhere along the line that we are "no good" at music. However, research shows that parents tune in to the timing of their baby's sounds with exquisite accuracy, millions of times over, without even realising ... Some people may be more musical than others and find it easier to play instruments, but gaining confidence in your ability to enjoy making sounds is all that is really needed to get started (p. 10).

Emphasis was placed on having fun with sounds, rather than being concerned with musical proficiency. Streeter suggests that everyone is musical, which is why music is so important in people's lives (p. 12).

Musical activities, as a group or in pairs, were an integral part of every day of the research fieldwork, and sought to support staff participants to connect both with their musical selves and with their innate playfulness. On the first day of Phase 1 researcher, translator and staff participants together re-visited a musical activity enjoyed during the music therapy-based skills-sharing workshops of 2009 (Chapter 1 p. 17), called "Playing the

room". This group musical improvisation uses only instrument beaters to explore surfaces in the room and to combine the sounds into a musical piece. At CRC, curiosity as to the possible sound qualities, combined with the sense of fun in making music in an unconventional way, added to the playful nature of the exercise.

Edwards (2011b) affirms that music therapy can support care-givers to rediscover their capacity to play musically within natural parental patterns (p. 191). Staff participants were supported to practise attuning to another person using musical sounds only. Using kazoos to have a "conversation" in pairs sought to offer a transition between music and words. The amusing sound prompted playful interactions and laughter, while the serious message of working non-verbally began to be received. Participants were encouraged to think about how easy or difficult this was, and whether their communication had been understood. They were also asked to notice to which elements of their partner's "kazoo message" they responded; for example, sound quality, pitch, volume, movement, and/or facial expressions.

Musical activities were designed to correspond to the theoretical focus of the fieldwork day. On Day 4 of Phase 2:2, ways in which Winnicott's theory of the holding environment (1960) supports the development of playfulness in an interaction between care-giver and child were explored in theoretical teaching and practical exercises. Using kazoos and working in pairs, CRC participants were supported firstly to musically "mis-attune" to each other. One partner used her kazoo to tell a story about an event in her day (it was advised that such material be kept to an emotionally manageable level). The other person deliberately used her kazoo to "talk over" her partner to tell her own, qualitatively

different story. Both how this interaction made each person feel and their instinctive responses to *not* being listened to were then discussed in the larger group. Participants reported that, in not feeling heard or considered by the other person, they found a sense of playfulness disappeared. When the exercise was repeated, each responding partner took time to listen and to use their kazoo to try to tune in to the musical elements of their partner's contribution. Participants reported that the potential for play had re-emerged.

Vocal development

The vital role of vocal interplay in mother-infant interaction is described in Chapter 4 (pp 138-139). To facilitate vocal interplay with the children, staff participants were supported to develop awareness of and confidence in the responsive and interactive potential of their voices in a creative and non-judgemental environment (O'Gorman 2006, De L'Etoile 2001). Music therapist Oddy's (2011) research describes a six-part vocal workshop aimed to support a small group of adults to re-connect with their vocals selves following negative experiences of singing (P. 88). She advocates a phased exploration of the physical and emotional aspects of voicework (p. 95). At CRC, vocal work was introduced gently and gradually, beginning with using vocal phrases to follow a ball rolled across the floor between group members in Phase 1, and graduating to more detailed, structured vocal work in Phase 2:2.

Generically available singing rounds using single Ghanaian phrases (neither English nor Russian) sought to ameliorate potential differences between trained musicians and those without musical training and experience, as well as the possible hierarchy of language. Two such rounds were particularly accessible and enjoyable, offering beautiful and

satisfying harmonies when sung in three parts²⁸. Participants so enjoyed these experiences that singing together become part of each subsequent fieldwork day.

5.5.6 Practice-based sessions

Practice-based musical sessions with children at CRC were an essential learning component of the fieldwork. Sessions were offered most days during Phase 2:2 and Phase 3, and on the first two days of research Phase 4. The aim was to promote learning through observation, participation, reflection and support.

Participants requested that each session be conducted with the child with whom they were paired during the research, or with the researcher and staff member together with the child. These musical interactions were watched by the research group members, with whom the children were familiar, to support learning for the whole group (Twyford and Rickson 2013 p. 127). The potential impact of an audience on the nature of the interactions, particularly with the involvement of a researcher relatively unknown to the children, was discussed with staff participants. The need for balance between optimum learning experiences, and the children's capacity to manage such a situation was carefully considered. The child's participation was based firstly on the staff member's recommendations, and his or her responses were then monitored for signs of discomfort. The following is an illustrative vignette from the middle of a practice-based session from Phase 3. The largely continuous musical interaction took place in the second half of the twenty-minute session. MD is a 7-year-old apparently non-verbal boy with general

²⁸ <http://www.vocalunion.org.uk/tKR.php> last accessed 14th March 2017

developmental delay and emotional difficulties. He is ambulant, with a good range of independent movement (Chapter 3 p. 106). CRC staff were concerned about MD's passiveness. As seen, an educational aim was for him to be able to initiate.

P1, MD and the researcher are sitting on the floor with a variety of small tuned and untuned percussion instruments close at hand. Whilst playing a woodblock, MD observes P1 choose a small tambourine. As the researcher says his name, MD grins at her and reaches for a shaker. The researcher takes a maraca, and all three protagonists improvise musically together, gradually finding a pulse. MD smiles towards P1 and shakes his instrument more vigorously. His attention begins to wander, but returns as the researcher begins to vocalise a more structured melodic line, aiming also to mirror his non-verbal communication. Soon all three players are smiling together and the music enlivenes. Independently and calmly, MD changes his shaker for a bell. The researcher picks out a supporting melody on a glockenspiel, which does not seem to immediately interest him. However, when P1 joins in by matching MD's choice of sound quality with sleigh bells, he turns towards her, grins, and changes his playing to mirror hers.

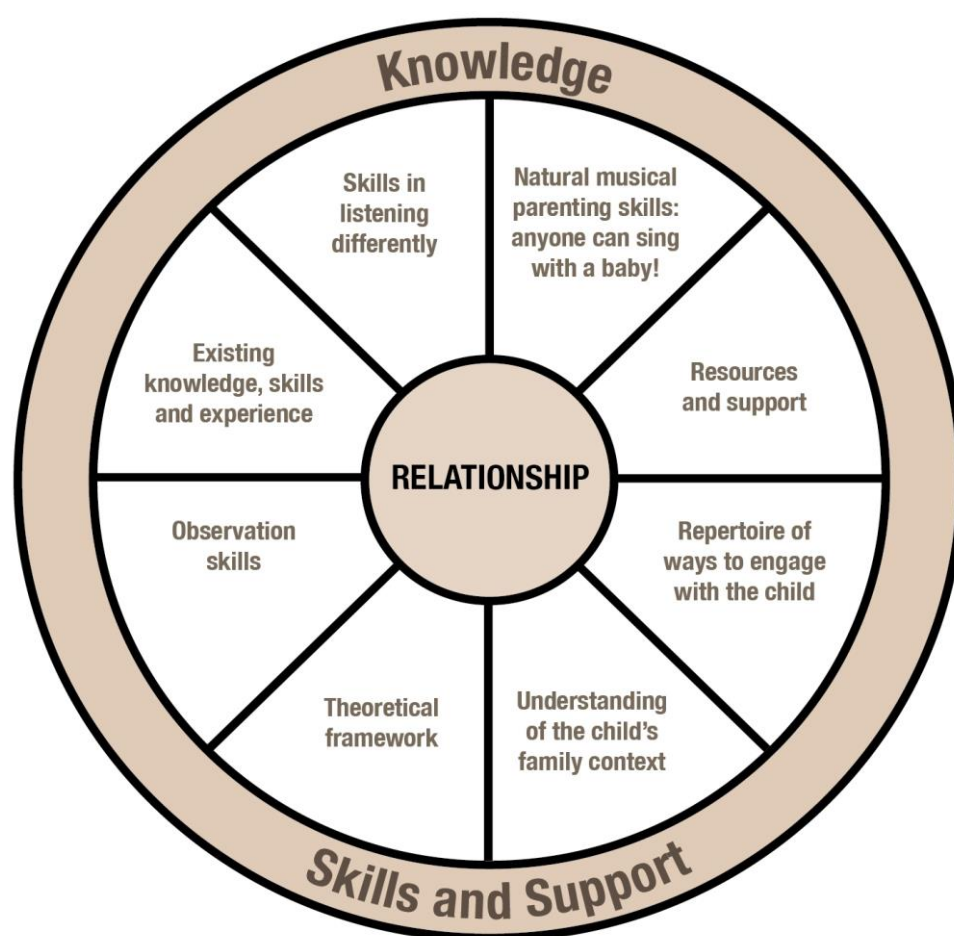
The observations of the staff group in response to this short practice-based session supported P1 to realise that MD had twice initiated a positive change in the music, and that his choices had been acknowledged. Interaction between them was more relaxed and playfulness was developing. Group members commented positively on observable changes in MD since P1 and he had been working together in their music sessions, which boosted her confidence in this different way of being with him.

5.6 Support package

5.6.1 Overview

Following Phase 1, staff participants and the researcher thought together about what knowledge, skills and support might be needed going forward. This thinking was captured in a wheel model and added to the increasingly powerful modes of transport facilitating the research journey (figure 5:9).

Figure 5:9 Knowledge, skills and support wheel model



5.6.2 Project folder and materials

The researcher aimed to demonstrate both respect for CRC staff participants, and appreciation of their commitment through the provision of good quality, attractive project materials. These included new, accessible musical instruments, a project folder, training manual, audio visual equipment, and other play items which had been shown to be useful in working with the children during practice-based sessions. All materials were donated to CRC.

A colourful, durable project folder was given to each participant at the beginning of Phase 1. Presenting the “research world” in small doses, participants were given pre-translated written information and resources to add to their folders on each day of the fieldwork to aid digestion of the material (Winnicott 1991 pp 69-75). Well-presented tools such as the reflective sketchbook also supported a sense of continuity throughout the fieldwork.

5.6.3 Workshop Group

One mechanism which has been shown to be useful in supporting teachers to reflect on pupils’ behaviour as communication is the staff work discussion group. This group aims to provide a safe environment within which teachers can express and process their emotional responses to pupils’ challenging behaviour, and find strategies with the help of their colleagues. The anticipated outcome is that teachers will develop their ability to reflect on, rather than react to behavioural manifestations of pupil’s emotional disturbance (McCreery 2016 p. 239, Geddes 2006 pp 132-4).

To support CRC staff participants to continue the reflective work begun during the first two research phases, a Workshop Group was created as an integral part of the Phases 2 and 3. This group aimed to provide a mutually supportive space for participants to think about the child with whom they were each working. The Workshop Group aimed to meet weekly during Phase 3. In the researcher's absence, this would provide an important source of support in the continuation of learning through practice (Brunsting, Srekovic and Lane 2014 p. 698, Cooley and Yovanoff 1996).

Each day during Phase 2:2, staff participants and researcher spent one hour reflecting on one participating child (Geddes 2006 p. 135). A mutually supportive and constructive stance was agreed. Participants were encouraged to think of the Workshop Group as a time in which to play with ideas in a respectful and considerate way. A spirit of honesty and openness was advocated to maximise session usefulness, and local norms and protocols of confidentiality were discussed. Concerns around the perception of participants' professional competence in relation to their colleagues were also considered (Geddes 2006 p. 132). Discussion of issues arising in music sessions with peers was presented as potentially deepening understanding of experiences with the child. The aim was for this working style to support the establishment of a safe, reflective space.

Attendance at all Workshop Group sessions was encouraged. Researcher and participants together agreed consistent, locally conducive boundaries of time and place, to promote reliability. While anxieties around feeling judged were not immediately dispersed, all participants worked very hard in these group sessions to understand each child's behaviour as communication. The researcher wrote: "Particularly during the

Workshop Group there was a steady stream of thinking and ideas” (researcher’s journal pp 47-8). Participants’ own reflections, recorded in Russian and English included: “Looking together for the best ways of helping the child. That was very helpful” (feedback sheet: 23rd September 2014).

5.6.4 Training Manual

At the outset of Phase 2:2 each staff participant received a translated training manual (Kim, Wigram and Gold 2009 p. 394, Wells 2007 p. 38). Written by the researcher, this summarised the learning undertaken in research Phases 1 and 2 and supported parity in approaches to the ten individual music sessions with the child to be conducted in Phase 3. The manual adhered to the principle considerations of the fieldwork (pp 156-161) and covered:

- A resume of music as a research basis
- A summary of Winnicott’s theories of the holding environment (1960) and play (1971) as introduced within the local context.
- Guidelines for setting up, structuring, and recording ten individual music sessions.
- Support package details, including guidelines for the Workshop Group.
- Suggestions for musical activities
- Suggestions for further reading.
- Researcher and University of Roehampton contact details
- Belarusian children’s songs collated by CRC staff participants.

5.6.5 Face to face supervision

Mid-way through Phase 3 the researcher returned to CRC to offer supervision and support to participants (figure 5:1). Pragmatism in terms of time dictated that each supervision session was undertaken in pairs, with the added advantage of further opportunity for mutual support and learning.

Awareness of a potentially different interpretation of “supervision” in the local socio-cultural context was important. The researcher had been previously informed of the current critical professional surveillance perceived by CRC staff. In psychodynamic music therapy, “supervision” means that the supervisor and supervisee together agree to create a non-judgemental “space for thinking” (Mollon 1997). The emphasis is on an interactive process between professionals with the aim of reaching a more thorough understanding of the client’s experience (p.25, Bunt and Hoskyns 2002 p. 262). Participants were assured that the continued aim would be to reflect on and learn from their work. Each practitioner was asked to choose an illustrative piece of video from their sessions, which also highlighted an issue with which they might need the researcher’s support. Observations and reflections arising from the extract were then discussed in detail. A gentle approach combined with active valuing of any observed shifts in the practitioner’s musical and/or non-verbal interaction with the child proved beneficial.

5.6.6 Online supervision

The original support package for participating CRC staff offered one or two live online group supervision sessions during Phase 3. As there was no internet connection at CRC,

the researcher offered to pay for this for the project's duration. However, installation proved unfeasible within the timeframe. A password protected online drop-box was instead created. Participants' video recordings were delivered by the translator via this dropbox during the latter part of Phase 3. The researcher then sent a written response to each participant via the translator.

Online supervision, particularly when there is a time delay in response, is qualitatively different to working face to face. In a guide to asynchronous email counselling, Jones and Stokes (2009) suggest a three-stage approach; firstly, an exploration of the content, secondly an empathic understanding of possible deeper issues which may not have been put into words and lastly suggestions as to how to move the therapy forward (p. 45). The researcher aimed to value qualities in the musical interaction, to offer unobtrusive reflection on the apparent experience and only then to make suggestions.

5.7 Data collection

5.7.1 Overview

The convergent mixed-methods research design (Creswell 2015 p. 94) involved the collection of quantitative and qualitative data (Chapter 3). A pragmatic approach was taken in the selection of methods of data collection appropriate to the local context.

5.7.2 Pre-intervention data collection: Phase 1

Prior to Phase 1, all CRC staff participants received a translated information leaflet, giving a resumé of the research and inviting participation. Phase 1 itself began with a full presentation of the research, including emphasis of the shared nature of participation, invitations for informed consent, and details of the support available throughout the process. Following the ethical decision to operate a system of rolling consent for the research fieldwork (Chapter 3 pp 95-96), participants were invited to give their informed consent to participate in Phase 1, and separately to consent to video record the fieldwork in general and data collection specifically. Parental consent was received for children participating in pre-intervention data collection and included separate video consent (appendices B and C).

To contextualize the research, a workshop offered opportunity to reflect on the Introduction to Music Therapy Workshops of 2009 (Margetts, Wallace and Young 2013). The eleven CRC staff participants, originally selected by the Director, then attended a preparation session for Phase 1 data collection, with the aim of providing a foundation for the work ahead.

Participants were each asked to conduct and film ten minutes of musical interaction with a known child with complex needs, seeking to address the question: “How can I engage this child in a playful musical interaction?” At this preliminary stage, participants were asked simply to try to enjoy using musical instruments to interact with the child in their normal everyday way. The researcher aimed, as far as possible, to normalise this new

situation for the staff participants, assuring them that it was the *experience* with the child, whether easy or difficult, which would be interesting to think about together, not the result. In line with an overall theme of modes of transport for the research journey, participants were encouraged to think about data collection as a test of the driving instructor (researcher) not the driver (participant). The question was not one of their performance, but of the accessibility and usefulness (or not) of the theoretical and practical ideas to be explored.

Researcher and participants together drew up a schedule for the Phase 1 sessions, which all took place in the music room at CRC. This provided an appropriately sized, quiet and safe space with a good selection of accessible instruments. Each short session was filmed using a static Kodak Playtouch Definition video camera provided by the researcher. All research Phase 1 video recordings were saved on a Transcend Premium memory card, and immediately transferred to the researcher's password protected computer.

Participants were assured that all recorded material would be treated confidentially and used only in the services of data collection and analysis and for the researcher's own supervision and examination purposes, in accordance with given consent. It was explained that all recordings would be securely stored for five years, to provide opportunity for participants to challenge the findings at any point.

Having completed their ten-minute individual music session with the participating child, each staff participant met with the researcher and the translator to watch the video. This formed the basis for a short exploratory interview (Appendix E). Each participant was asked the same questions in the same order and in the same way. The interview was live

translated and audio recorded using an Olympus digital audio recording device. These recordings were also immediately transferred to the researcher's password protected computer and deleted from the audio recorder.

5.7.3 Intervention: Phases 2 and 3

All CRC staff were invited to access the learning offered in research Phase 2. Phase 2:1, (preparation) laid the foundations for the staff development programme in Phase 2:2. Winnicott's theories of the holding environment (1960) and play (1971) were introduced as a framework for building and developing relationships with participating children. During this phase, one staff participant withdrew for personal reasons. Ten remaining staff then met with the researcher to prepare for the ongoing work.

In Phase 3, those 10 participants then undertook, independently, 10 individual weekly music sessions with a child with complex needs. While the aim was to work with the same child throughout, of the 10 children who participated in Phase 1, two became unwell, and one moved to a different school. In the interests of pragmatism, three participating staff worked with a different child during Phase 3 (Chapter 3 table 3:3). Each twenty-minute session took place in the same music room at CRC.

All individual music sessions were filmed using the same static Kodak Playtouch video camera, supplied by the researcher (two identical cameras were provided in case of mechanical failure). The model of camera was chosen owing to simplicity of use and quality of output. Each staff participant was furnished with their own, clearly named

Transcend Premium memory card with which to record their ten sessions. These memory cards were securely stored in the Director's office.

In accordance with the original approved research proposal, ideas for session structures and musical activities accessible to children with complex needs (Streeter 1993, Corke 2002) were given to the participating staff as part of their accompanying training manual. However, each participant courageously chose instead to transfer their learning into practice through the exploration of the potential of free musical play with the child with whom they were working. This time informed by learning about Winnicott's theories, the guiding idea for these music sessions was again: "How can I engage this child in a playful musical interaction?" Staff participants were encouraged to continue to undertake self-monitoring of their work by watching their own videos (Bishop, Snyder and Crow 2015) and by making notes on structured sheets provided. In research examining the efficacy of Intensive Interaction teaching with children with complex needs, Watson and Fisher (1997) stress the importance of video records to evaluation as revealing small incremental developments over time which might otherwise be missed (p. 80).

5.7.4 Post-intervention data collection at CRC: Phase 4

In Phase 4, staff participants were supported to reflect generally on their individual research process, and specifically on their own work with a child with complex needs during research Phase 3. In accordance with the mixed-methods research methodology, both quantitative and qualitative data were collected.

Quantitative data collection

Each participant was asked to self-select two video clips, each of two minutes' duration, from a music session with the child in each of Phases 1 and 3. The first clip was self-chosen as illustrative of the musical interaction with the child in the single pre-intervention session in Phase 1. The second clip, self-chosen as representative of a playful encounter in their ongoing work with the child, was taken from *one* of the ten individual music sessions conducted post-intervention during Phase 3. To minimise possible bias, positive or negative, which might arise from the presence of the researcher during the exercise, each participant was asked to self-evaluate chosen video clips privately. Each clip was rated against the ten descriptors of the evaluation instrument (Chapter 4), using a five-point Likert scale (Robson 2011 pp 303-6), in which 1 was "Strongly Agree" and 5 was "Strongly Disagree". A separate option of "Don't Know" was also available for each descriptor (table 5.2). Participants were advised to respond to every statement. In order that each participant's two self-selected video clips, pre- and post-intervention, be rated from the same position of understanding of the evaluation instrument, both were self-rated during Phase 4.

The learning gained in Phase 2 was necessary to support appropriate use of the evaluation instrument during data collection. Participants were assured that there were no right or wrong answers and that widely varying ratings were not a concern.

The mixed methods research methodology (Creswell 2015) afforded greater possibilities for a more holistic understanding of participants' experiences.

Table 5:2 Likert scale used in Phase 4 data collection

Increasing the Child's Sense of Emotional Safety	Core Element	Descriptor	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree		Don't know	Balancing the Child's Emotional Arousal Level
			1	2	3	4	5			
	Individualised Physical Space	1. The room is set up for the child in advance.								
		2. The session is structured for the child								
		3. Appropriate behavioural limits are considered and maintained								
	Waiting, Listening and Looking	4. Waiting for the child to begin an interaction								
		5. Listening and observing closely								
		6. Timing and pace in musical responses								
	Matching and Adapting	7. Remaining attentive and responding sensitively to all communications								
		8. Matching musical elements with the voice and/or an instrument								
		9. Encouraging and expanding on the child's ideas								
	Playfulness	10. Playing together in music								

Exploration of CRC staff participants' responses to Winnicott's theories of the holding environment (1960) and play (1971) through semi-structured interviews provided opportunity to collect qualitative data. The quantitative data collection enabled evaluation of the extent to, and ways in which participants understood and assimilated these theories in individual music sessions with a child with complex needs.

Qualitative data collection

As in research Phase 1 (pre-intervention), each participant was invited to reflect on her work, with the researcher in an individual semi - structured interview during research Phase 4 (post-intervention). This meeting was live translated by the same translator, and audio-recorded, again using an Olympus digital voice recorder. Participants were given the same assurances of confidentiality as for Phase 1. Each interview was between 45 and 70 minutes in duration. Participants were asked to bring:

- The ratings of their self-selected two – minute extracts from research Phases 1 and 3 video recordings of individual music sessions with the child
- The same self-selected two-minute video extract from research Phase 3.
- One image from the reflective sketchbook which the participant would feel comfortable sharing and discussing during the interview. This was optional.

Each participant was asked the same questions in the same order and in the same way during their interview (Appendix F). These were divided into three areas of inquiry:

1. Observations, responses and experiences during the work undertaken with the participating child with complex needs in individual music sessions during research Phase 3.
2. Whether, and, if so, in what ways these observations, responses and experiences related to learning about Winnicott's theories of the holding environment and playfulness.
3. Experience of any meeting points and the tensions between learning during this project and usual classroom practice with children with complex needs.

To guide the first area, participant, researcher and translator watched both two-minute video clips, (pre- and post-intervention), self-selected and rated in advance by the participant. A comparison of those ratings served to open reflective dialogue between participant and researcher with a focus on observations of differences in ways of relating between practitioner and child; for example, pitch matching in the musical interaction. The participant was also asked to reflect on any changes they felt had occurred in their relationship with the child during research Phase 3, and any identifiable antecedents.

In the second area, participants were asked to consider whether, and, if so, in what ways, the developments discussed might relate to their learning about Winnicott's theories of the holding environment (1960) and play (1971), including how easy or difficult it had been to digest and assimilate those theoretical tenets and to use them in practice. The third area invited participants to think about possible meeting points and conflicts between their learning during the research, and their usual classroom practice. Practitioners were asked whether, and if so, in what ways, their learning had translated into their work in the

classroom and whether their approach to using music had changed. Brief feedback on the content and delivery of the fieldwork programme was also sought. While following a consistent structure, the format of the interviews also allowed for broadening of the discussion where needed. The interviews were conducted in a private space. Every effort was made to provide a relaxed and informal experience, and to promote an atmosphere of shared exploration and interest.

Ancillary qualitative data

Additional qualitative material was gathered to provide as much rich data as possible in the relatively unexplored research context. This was used to illustrate and support findings and discussion of qualitative data analysis (Chapters 6-8) and included:

- Audio recordings of feedback sessions with the research assistant from Phase 2:2
- Audio recorded interview with former Dean of Defectology at Institute for Postgraduate Education, Minsk.
- Video of participation in the National Competition of Centres for Correction, Training and Rehabilitation, Minsk, Belarus, December 2014.
- Audio recording of concluding interview with Director of CEC in Phase 4.
- Audio recording of de-brief interview with translator.

5.7.5 Triangulation: UK online study

To triangulate quantitative and qualitative data collected at CRC, 16 UK music therapists

rated the same video extracts self-selected by CRC staff participants from Phases 1 and 3. This was undertaken between March and May 2015 through an online study.

Recruitment

UK music therapists with experience of working with children with complex needs were invited, via email, to participate in the online study. Participants were recruited through the researcher's professional network and were contacted either in person, or through her LinkedIn account.

Procedure

Sixteen video clips were made from the central minute from each of the two-minute video extracts, self-selected by 8 CRC staff participants from their individual music sessions with the child from Phases 1 and 3. These clips were securely incorporated into an online survey, designed by the researcher, and hosted by the University of Roehampton's external Moodle site. The decision to use one-minute, rather than the full two-minute clips was taken in the interests of pragmatism to avoid participant fatigue. Awareness of the substantial time needed to complete the online survey prompted the use of one-minute clips to offset this. However, that the decision may constitute a limitation to the study is acknowledged as discussed in Chapter 8 (p. 364).

The survey itself was accessed via a password, which then also protected the video extracts: both on the Moodle site and on the derivative media site, Vimeo. The 16

extracts appeared in random order, and the 16 UK participants rated them without knowing whether a session was conducted pre- or post-intervention. The extracts were rated using the same evaluation instrument (Chapter 4) as had been used throughout the fieldwork at CRC. The online format also provided space for qualitative comments regarding the interaction between the practitioner and the child pertaining to each rated element of the evaluation instrument.

5.7.6 Phase 5: Dissemination of Findings

Upon completion of the research, the findings will be made available to Children's Rehabilitation Centre, Minsk and to the Belarusian Ministry of Education.

5.8 Analytical procedures

5.8.1 Overview of analytical procedures

In accordance with the convergent mixed-methods design (Creswell 2015 p. 94), quantitative and qualitative data sets were analysed separately and then integrated to form a joint display (p. 36). Robson (2011) describes one benefit of MMR as the flexibility to answer different research questions in complex real-world settings (p. 165). How analytical procedures served to answer the research questions are shown in table 5:3.

Of the ten sets of quantitative and qualitative data collected from CRC staff participants during Phase 4, two were discarded as those participants had not attended research

Table 5:3 Summary of analytical procedures

Research Questions	Method of Data Analysis				
	Data collected at CRC Minsk			Data collected from UK Online Study	
	Qualitative analysis using thematic content analysis (Braun and Clarke 2006) of reflective interviews with 8 staff participating in research Phases 1- 3.	Quantitative analysis, using Likert Scale design of self-ratings of video data collected from 8 staff during phases 1 and 3 against the 10 descriptors of the evaluation instrument.	Separate qualitative analysis of reflective interview data with 8 participants against the 10 descriptors of the evaluation instrument.	Quantitative analysis, using the same Likert scale of the same 16 self-selected video extracts collected from CRC staff during Phases 1 and 3, evaluated by 16 UK music therapists.	Qualitative analysis, using thematic content analysis of text data collected from 16 UK music therapists as part of the same online study.
1. What are the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's theory of defectology?	*	*	*		
2. To what extent and in what ways might these theoretical principles be accessible, relevant and applicable to Belarussian classroom based staff in relation to children with complex needs?	*	*	*	*	*
3. What is the impact of this learning on the nature of the relationships between the staff and children with complex needs?	*		*		*

5.8.2 Data Analysis Stage 1: Qualitative analysis

Qualitative analysis served to answer research questions 1, 2 and 3 (table 5:3). Data was collected from semi-structured interviews undertaken with 8 CRC staff participants who had completed the full research fieldwork process, producing 8 audio-recorded interviews from Phase 1 and Phase 4. These 16 recordings were transcribed in full by the researcher, which enabled close engagement with the voices of the participants. Bird (2005) describes the “significant and vital role” of transcription in the qualitative research process (p. 226). To transfer a participant’s words from audio to written form is necessarily interpretative as the minutiae of a recording cannot be re-produced. The researcher, therefore, makes choices as to significance, based on understanding of context, language, and culture (p. 228).

The 16 audio-recorded interviews were live translated between Russian and English. Each participant’s words thus had effectively two layers of interpretation placed upon them; once through the act of translation (Birbili 2000 p. 4), and once more through the act of transcription. The literature suggests that the conditions for translation of the interview data were advantageous in terms of the relationship between translator and researcher, between translator and participants, the mutual understanding of and commitment to the work, and integration with the culture (Birbili 2000 p.4, Temple 1997 p. 609). The translator’s own professional role ensured a working knowledge, as well as linguistic understanding of much of the material (Chapter 3 pp 86-87). However, the translator was also aware of the possibility of making assumptions of conceptual meaning during the reportedly challenging process of simultaneous

translation. Clarification was needed from the participant at times. This was enabled by the translator's working relationship with the CRC staff team, meaning that there was no difficulty in asking the participant to clarify meaning to achieve the most accurate translation. During the subsequent de-brief interview held with the translator in April 2015 (Temple and Young 2004 p. 170), the researcher also checked the translation of words and phrases which occurred frequently in the interview transcripts, such as "intuition" and "attitude". Transcripts were then checked against the original recordings (Braun and Clarke 2009 p. 88).

Simultaneous translation of qualitative interviews also determined the choice of analytical method. Interpretative Phenomenological Analysis (IPA) as posited by Smith, Flowers and Larkin (2009) entails layers of interpretation of the interview data. This process requires the researcher to examine not just the participant's words, but their use of language, the vocal expression and emphasis (which, the authors argue, infers the participant's understanding of the issues under discussion, as well as reasons for raising material), and the context for the discussion. Temple and Young (2004) describe research initiatives to actively involve translators in data analysis, which acknowledge the "cultural brokering role that translators play" (p. 171). Time constraints and insufficient availability of the translator once the fieldwork itself was completed proved contraindicatory in the present research. The pragmatic decision was not to use IPA as the analytic method, as the implicit layers of interpretation would not be appropriate or ethical if the researcher was unable to engage with the participant's original voice (Bird 2005 p. 228).

Interview transcripts were analysed using thematic content analysis as proposed by Braun and Clarke (2006), who state that the advantages of thematic analysis include the accessibility of the method and flexibility of the theoretical framework. The method of thematic analysis used in the present research may be described as “contextualist”, acknowledging “the ways individuals make meaning of their experience and, in turn, the ways the broader social context impinges on those meanings” (p. 81). As the local sociocultural context is central to an understanding of Belarusian participants’ research process, the level of thematic analysis undertaken would be described as “latent”, in which the development of themes is itself a further act of interpretation (p. 84).

Using the three research questions guiding this investigation as the over-arching thematic structure, an otherwise inductive approach was taken to stage 1 qualitative analysis (Pethyridge 2013 p. 28). The transcripts were repeatedly read and equal attention assigned to each (Braun and Clarke 2009 p. 96). Initial codes were generated manually from the transcripts, covering all data relevant to the research questions (p. 89). Appendix G shows a coded extract from P1’s Phase 4 interview.

The coded data was then organised into main themes and sub-themes in table form, again under the headings of the research questions. The aim was to ensure that themes were developed from the coded data. Direct (translated) quotes from the coded data were grouped under the corresponding themes. These themes were then reviewed. Those that were similar were combined to form one theme and occasional themes were discarded. The collated direct quotes assigned to each were also

reviewed to ensure a coherent pattern. Appendix H shows how P1's coded data (appendix G) was grouped under the theme: "Trust developing in the relationship" which, in turn, was generated under research question 3. This arrangement also served to indicate prevalence (Toerien and Wilkinson 2004 p. 73). A thematic map was then created and reviewed in terms of the relevance of the constituent themes and sub-themes to the entire data set (Braun and Clarke 2009 p. 91, Chapter 6 p. 213).

5.8.3 Data Analysis Stage 2: Quantitative and qualitative analysis CRC Minsk

The second stage of analytical procedures incorporated quantitative and qualitative analysis of the data within the framework of the ten elements of the evaluation instrument used throughout the research (Table 5:4).

Table 5:4 Summary of elements of the evaluation instrument

Core Elements	Rated Elements
Individualised Physical Space	1.The room and the instruments are set up for the child
	2.The session is structured for the child
	3.Behavioural boundaries
Waiting, Listening and Looking	4.Waiting for the child to begin an interaction
	5.Listening and observing closely
	6.Timing and pace in musical responses
Matching and Adapting	7.Attending and responding sensitively to all communications
	8.Matching musical elements with the voice and/or an instrument
	9.Encouraging and expanding on the child's ideas using the voice or an instrument
Playfulness	10. Playing together in music

Quantitative analysis: CRC

Quantitative data analysis was undertaken to partly answer research question 2 (Table 5:3). In Phase 4, 8 Belarusian participants each rated 2 self-selected video extracts; one each from research Phases 1 and 3 using a 5-point Likert scale where 1 was “Strongly agree” and 5 was “Strongly disagree”. There was also a separate “Don’t know” option for each element. As previously stated, ratings were undertaken for both pre-and post-intervention video clips in Phase 4 so that assessments would be made from the same position of understanding of the evaluation instrument. Eight pairs of scores were produced for each rated element – eight scores each pre- and post-intervention.

This small sample of 8 Belarusian participants rendered the use of the mean as a measure of central tendency of the quantitative data unreliable, which in turn precluded further inferential statistical analysis (Denscombe 2007 p. 261). The frequency distribution of the data was instead presented and evaluated using a comparative histogram for each rated element (Robson 2011 pp 421-2, Chapter 7).

Qualitative analysis Stage 2: CRC

In accordance with MMR, further qualitative analysis of the interview data collected from CRC participants was undertaken. The same 16 transcripts analysed in Stage 1 were re-read and participants’ verbatim data coded against the ten elements of the

evaluation instrument (table 5:4). Duplication between Stage 1 and 2 analysed data was avoided.

5.8.4 Triangulation: Quantitative analysis

An online rating, using the same evaluation instrument, by 16 UK music therapists, of the central minute of the same 16 video extracts self-selected by 8 Belarusian participants pre- and post-intervention was undertaken to triangulate the quantitative data collected at CRC. This produced 16 pairs of scores for each rated element – sixteen scores each pre- and post-intervention (Chapter 7). To enable comparison with the quantitative data collected at CRC, frequency distribution of these 16 pairs of scores was similarly presented and evaluated using a histogram for each rated element (Robson 2011 pp 421-2). The larger sample of UK music therapists permitted the use of a Chi Square test to analyse the data set. By measuring the degree of association between the 2 variables of scores from Phase 1 and Phase 3 (Robson 2011 p. 431), the test investigated the likelihood that results were due to the impact of learning in Phase 2 for Belarusian participants, rather than occurring by chance. The values for each Likert Scale point (1-5) across all ten elements were added together to produce a set of five overall scores for Phase 1 (pre-intervention) and for Phase 4 (post-intervention). These scores were then analysed using an online calculator (Chapter 7).

5.8.5 UK participants: Qualitative analysis

The online rating completed by 16 UK music therapists also allowed for the collection of qualitative data as participants were given space to add written comments, against

each rated element, in response to each of the sixteen video extracts viewed (section 5.8.5). These comments were then collated under each of the corresponding ten descriptors of the evaluation instrument.

5.8.6 Integration summary

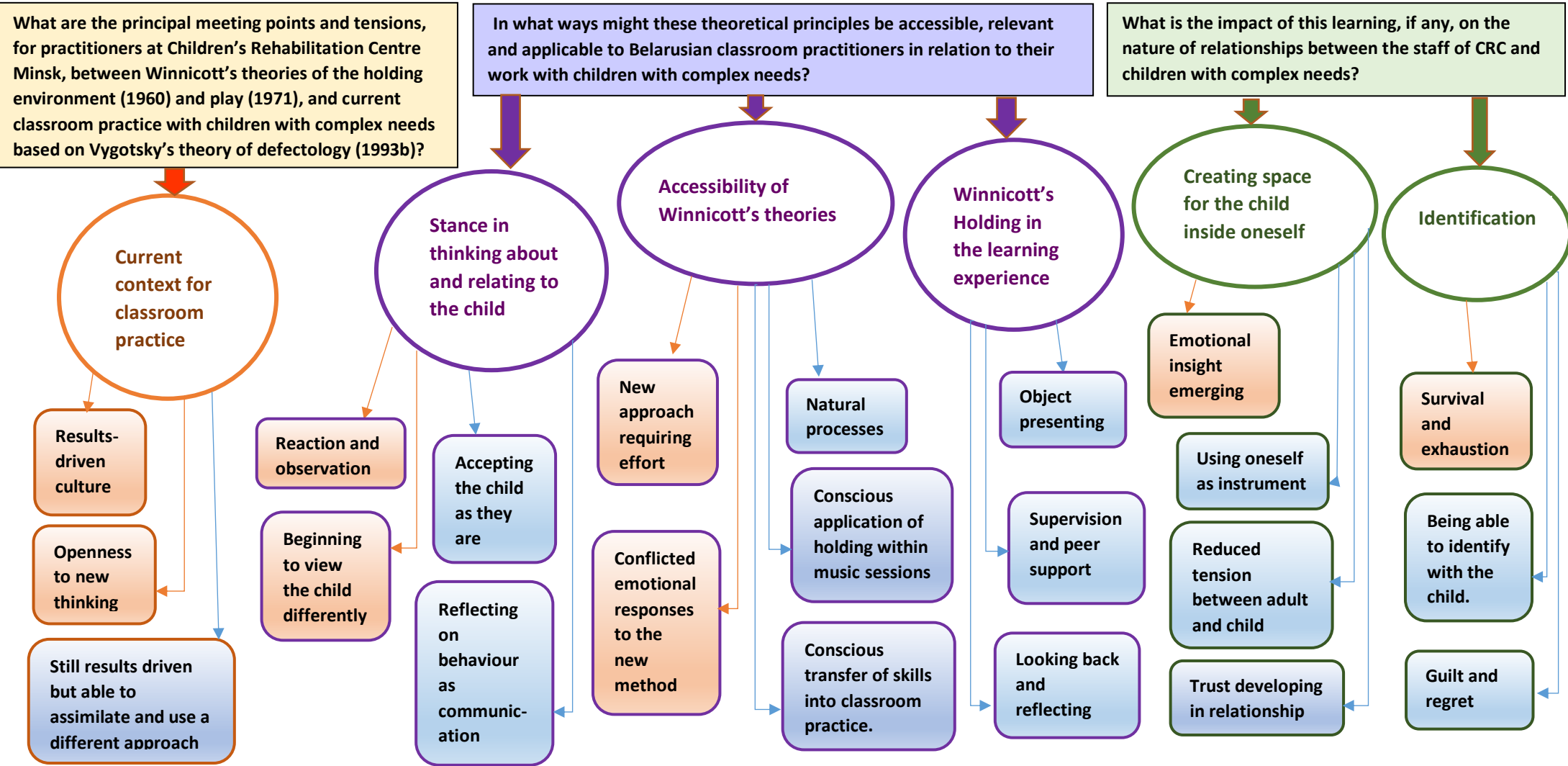
The results of quantitative and qualitative data analyses from Stage 2 were integrated in accordance with mixed methods methodology (Chapter 3). The merged data displays are presented in Chapter 7. The results of the stage 1 qualitative data analysis are the focus of Chapter 6.

6 Chapter 6: Qualitative data analysis Stage 1 Results

6.1 Introduction

Interview data from 8 staff participants working with children with complex needs at CRC Minsk were collected pre- and post-intervention at the end of research Phases 1 and 4 (figure 3:1). Thematic analysis of these 16 interviews (Braun and Clarke 2006) was driven by the 3 research questions. Verbatim data were organised into 6 themes under those 3 primary categories. These themes were consistent for Phase 1 and Phase 4 interviews, but also yielded sub-themes specific to each of Phases 1 and 4. To provide rigour, each participant quotation in the corresponding analysis document (Appendix H) is accompanied by the page and text line of their interview transcript. All interviews were live translated (Chapter 5 p. 206). The translator reported verbatim material in the third person, which has been replaced here with the first person and indicated in square brackets. The thematic network produced from the analysis is shown in figure 6:1. Phase 1 and Phase 4 sub-themes are shown in orange and blue cells respectively. Themes are presented under the relevant categorising research question. Constituent sub-themes provide a comparative illustration of CRC staff participants' process between Phase 1 (pre-intervention) and Phase 4 (post-intervention). Child participants detailed in Chapter 3 (p. 105) are described by their initials. Where appropriate, thematic material is contextualised with ancillary qualitative data collected during Phases 2, 3 and 4 of the fieldwork (Chapter 5 pp 200-201).

(Below) Figure 6:1 Stage 1 qualitative analysis thematic map



6.2 Research Question 1.

Research question 1 asked: What are the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's (1993b) theory of defectology? One theme was identified, which related to participants' current context for classroom practice.

6.2.1 Current context for classroom practice

6.2.1.1 Phase 1: Results – driven culture

Results-driven culture in Belarusian special education was evidenced in the literature review (pp 50-51), and feedback on the initial music therapy-based skills-sharing workshops at CRC in 2009 stated an institutional expectation of quick, demonstrable results (written feedback document 2009). Defectology as practised in Belarusian Development Centres is described as focussing on a child's problems from a primarily medical and pedagogical standpoint (Vargas-Baron, Janson and Mufel 2009 p. 16). The curriculum is designed to promote independence, including the management of behaviour and life situations, and engagement in social interaction (Konopleva and Kunsteveich 2009 p. 14). For example, P1 described an educational aim for MD as "introducing him to wider communication."

An expectation of results was first apparent in participants' approach to the pre-

intervention music session undertaken with a child with complex needs in research Phase 1, in which participants were given the guiding question: “How can I engage this child in a playful interaction?” The initial introduction to the research outlined the kind of child-led interaction to which the group would gradually be working in subsequent research phases. Despite being asked to engage with the child in their usual way, some participants acted on the perceived expectation that this child-led approach should be *immediately* implemented. P5 said: “I had this idea in my mind that I have to follow the child. The child has to be leading.” For some, there was both a sense of not having achieved this, but also a recognition of moments of possibility. P3 commented: “It wasn’t really very successful communication, but ... there were some elements where we did communicate – where we succeeded.”

The need for results was alluded to by sixty-three per cent of participants (n=8). P1 believed that participation in the research would support the educational process “to go faster”. Thinking about the potential of using musical play with KD, P3 said: “But probably if we do it all the time, and we do it correctly, then there may be some real changes in his behaviour – some results”. P8 recognised the difference between a child-led interaction and her usual hand-over-hand approach to working with MZ in school music lessons.

Awareness of the impact of the child’s complex needs on their ability to succeed was expressed largely from a medical and/or a pedagogical perspective (Chapter 2 pp 50-52). P7 observed the primary importance of communication for autistic children. She also noted the necessity of monitoring SA’s levels of stimulation when trying to “push in some educational activities.”

Two participants commented on possible emotional effects of “success” or “failure” for the child. P4 said: “This condition of hers – when she wants to do something, she becomes more tense, and then fails to do things because of that I do not want to make her feel not successful.”

6.2.1.2 Phase 1: Openness to new thinking

Data showed that staff participants were open to new thinking and ideas about children with complex needs at CRC. This is consistent with literature described in Chapter 1 concerning Belarusian special educators’ openness to international collaboration and learning (Vargas-Baron, Janson and Mufel 2009 p. 57, Varenova 2003 p. 395). P9 said: “We get stuck in our clichés, and it is so very important to be able to change ... to start doubting the things that you normally know they are the right things to do ... you have to start questioning them.” This statement concurs with Strange’s (2012) description of the possible “numbing” effect for practitioners of working with people with complex needs (Chapter 2 p. 42), and the consequent difficulty of retaining creativity.

6.2.1.3 Phase 4: Still results – driven, but able to assimilate and use a different approach.

“Such miracles! I didn’t know it was possible. It’s a real miracle.” P5

The prevailing drive for results remained in Phase 4. However, there was evidence of insight and learning gained during previous Phases (Chapter 5), as well as recognition that results could be achieved through a different approach to the child. P10 summarised: “We are often instructed: Mobilise! Collect yourself! And do things ... I absolutely loved

Winnicott's theory ...You have to open up, you have to let the child in, and then it works!
You don't have to mobilise! ... You don't have to fight."

Overall, fifty per cent (n = 8) of participants articulated a link between establishment of an emotional connection with the child through musical interaction and potential educational outcomes. P5 stated:

Once I have tried it myself, and I have seen what good results you can achieve over a short period of time, I believe that it's a "must" to work this way with children ... Because before, you just paid attention to ... the behaviour of the child.

P7 described tuning into disturbed autistic child SA's stereotypical behaviours through improvised musical sounds and phrases, thereby establishing a connection which could support him to focus in the classroom; an approach to which P10 similarly referred.

Meanwhile, responses showed that participants were beginning to make space for such new thinking around classroom-based work, resulting from their own learning. Two participants gave examples of approaches which now considered the child's emotional needs as they manifested in behaviour with consequences for their education. P1 said:

Before, in the classroom ... I would insist, even if I saw that he [MD] didn't want it, we had to do drawing because it was on the plan, and everyone was doing drawing. And now I understand, that if he doesn't want to do it, and its not the right day for him to do it, so we find another option.

P8 contrasted responses of children in the classroom to the "traditional" instructional approach, with their responses when they were given space to initiate a mutually developed learning activity. The children's behaviour was observably and positively different, while their sense of comfort with the adult was reflected in educational

outcomes. P1 agreed, describing an educational aim for MD was the development of “leadership skills”, as his tendency to withdraw into himself, together with an absence of initiative was of concern. MD was also concurrently a member of P1’s class. She reported: “He remembered exactly when he had to have his musical session, and he would come up to [me], and take [me] by the hand, and lead towards the music room!” Winnicott (1991) emphasised the important part played by the teacher in providing sufficiently satisfying activities in play to support emotional regulation and the development of skills (p. 197).

P1 also described challenging the established drive for results: “The administration expects their work, and ... its all very strictly regulated. And at the end of lesson you have to produce something: the results, the product ... But our administration has been trained as well! And we say we are using Winnicott’s theory ... and that’s what we were implementing!”

6.3 Research Question 2

The second research question asked: To what extent and in what ways might these theoretical principles be accessible, relevant and applicable to Belarussian classroom-based staff in relation to their work with children with complex needs?

This category was characterised by 3 themes; participants’ stance in thinking about and relating to the child, the accessibility of Winnicott’s theories of the holding environment (1960) and play (1971), and Winnicott’s concept of holding within participants’ learning process.

6.3.1. Stance in thinking about and relating to the child

6.3.1.1 Phase 1: Reaction and observation

As described, some participants appeared to feel an expectation to try to let the child lead during the pre-intervention short individual music session in Phase 1. Even before research Phase 2 (intervention), there were consequent embryonic changes in participants' observation of and thinking around the participating children.

While reviewing video footage of the single short music session during Phase 1 data collection, participants shared both their own overall responses to the experience and those observed in the participating child. These were based on prior knowledge of the child in the classroom and were expressed predominantly in either medical or pedagogic terms. P7 observed: "It [her approach to SA] was actually not very much different because the child is hyperactive: you can't sit him down to do things with him." P10 stated that working with SK in the music session was no different to usual because "all that [we] can usually do with S is basic stimulation, and it is usually sound, music and light". P3 and P4 noted that KD and SP respectively were typically not able to tolerate unwanted input, interaction or activity. P3; "he liked it because if he doesn't like something he just stands up and goes away". P4 also differentiated between SP's apparent wish to play *with her*, and ambivalence concerning the musical instruments offered. P9 spoke positively about AL's voluntary engagement with and enjoyment of the music session, which, she said, contrasted with a more usual need for "bit of coercion." Employing a more directive approach, P1 was nonetheless "impressed" by MD's enthusiasm and willingness to try to articulate consonant vocal sounds. She said: "He's

usually all deep in himself, and he doesn't usually respond to requests to do something."

P10 discerned the degree to which SK was listening to the sounds during their session, and contextualised this observation within knowledge of the child and his family.

Two participants noticed aspects of the interaction with the child in greater detail. In common was the sense of a shared experience. P5 stated that this was not a usual way of relating for SD. Even at this early stage, she was aware that her wish to connect with the child supported the interaction. P8 agreed, noting the importance of both a shared rhythm, and sustained eye contact in maintaining the musical connection with MZ. She commented: "That was inspirational for M ... And she was keeping the visual contact all the time: that was so nice." The importance of visual contact in promoting positive attachment is supported by the literature review (Levinge 2011 p. 46). With due consideration of translation of the interview data (Chapter 3 pp 87-90), the language used by participants suggested a sense of anticipation around the potential of using music in a different way to communicate with participating children. P9 summarised, "definitely ... it was like ... two people who have known each other for some time meeting but starting talking on a new topic."

6.3.1.2 Phase 1: Beginning to view the child differently

Data suggested a nascent shift in staff participants' view of and thinking about the participating children. P9 stated hopes for AL during the forthcoming research: "Maybe this project will help us to discover the things in AL which she had been going to very slowly ... all the previous ... work was kind of preparation for something we can open now for her, and maybe now she's ready for it." P1 recognised that MD "actually has a

musician, an artist inside so it was an opening!” P4 showed both insight into SP, and awareness of conducive approaches: “I always ask her if she wants to do something or not. She’s not the child to whom you can give a stick and she will use the drum! ... So it seemed that today, she liked it.” P5 spoke of sharing the strangeness of a new situation with SD: “This was an unusual environment for me as well ... So together we were exploring this new environment, trying to understand what we could do.” P5 felt that the session had opened a channel of communication with SD: “Because afterwards ... he let her know that he didn’t want to sleep ... the communication continued on from the room where they were doing music together.”

6.3.1.3 Phase 4: Accepting the child as they are

Results showed that the embryonic shift in how some participants had viewed and thought about the child with whom they were working in Phase 1 was developed through learning in Phase 2, and with practical experience in Phase 3. Fifty per cent of participants considered their change in approach to one of acceptance of the child as they were in the moment, rather than one of expectation of a required reaction (Wells 2007 p. 41). This produced positively different responses. P7 stated: “I accepted him ... And I listened to the silence, and allowed him to explore the space, to explore me, to see that I am not that bad!” P8 noted that she was now treating MZ differently, aware of observing her much more attentively and paying attention to the minutest details. P4 observed SP’s excitement resulting from repeated experiences of the adult’s pleasure in being with her, and of being able to lead the interaction. P9 felt that her work with AL had helped her to “build a new reputation of the child” within CRC, and that an accepting stance gave the

children; “the opportunity to be better ... And probably we just give them the opportunity to be themselves. And before, we didn’t notice it. We couldn’t see it.”

6.3.1.4 Phase 4: Reflecting on behaviour as communication

This theme supported the central importance of the development of participants’ capacity to reflect on, rather than react to a child’s behaviours. Winnicott said that good enough mothering is largely contingent upon the quality of maternal “tuning in” that responds to what the infant is feeling as well as what s/he is doing (Levinge 2015 p. 62). This is based on the mother’s awareness of and engagement with her infant’s spontaneous behaviours as communications (Pasiali 2014 p. 204, Levinge 2011 p. 46). P5 summarised her understanding of this in her work with SD: “It’s important for the child to be heard, its important for the child to be understood, its important for the child for people to see his behaviours as manifestations of his ability to communicate, his desire to communicate.” P7 expanded: “If you follow Winnicott’s theory that you must read the child’s behaviour, you must start with listening; listening to the silence, giving the child the opportunity to adapt to the environment ... to find a system of supporting him.”

Four participants described ways in which closer observation of the child’s movements and use of the session space enabled understanding of their capacity to engage in musical interaction. P9 noted that “sometimes she (AL) was walking and then she was sitting down on the chair. When she was sitting on the chair, [I] understood that she was ready to focus. And then when AL stood up because that was too much for her, that was a signal.” Rather than reacting to SA’s tendency to cover his ears as a direct response to the quality of her singing, P7 instead reflected: “I think that he just didn’t accept me in

general. Or the situation was alien to him.” P4 was similarly aware of the need to think beyond the immediate reaction of the child, and to remain open to potential:

The major change [I] acquired from the project, is that before, if this child doesn’t want to play this musical instrument, and doesn’t want to take it in his hand; OK, if he wants to vegetate, let him vegetate. That’s his preference. But now we know that its not true. We can do things, and the child can do things, you only have to know how to do it and how to approach the child.

Two participants demonstrated awareness of the children’s use of non-verbal communicative behaviour to initiate desired musical contact. P8 described how MZ demonstrated a wish for contact by periodically approaching to play her instrument in tandem: “It was a way for her to be with me.” Reflecting retrospectively on her session with SK in Phase 1, P10 now noticed nuances in his non-verbal communication, including hand and foot movements and facial expressions. She commented specifically on SK’s capacity to communicate different emotional responses and wishes with his eyes, evidencing again the importance of visual contact in the development of the caregiver – infant relationship (Pasiali 2014 p. 204). P5 agreed: “He [SD] would like to say something. It is in his eyes. I’m talking everything over, saying, “Come, we are going to play” and he is anticipating the pleasure.”

Three participants reflected specifically on behaviours generally perceived within CRC as negative or challenging. P9 described learning to understand AL’s more aggressive behaviours as communications of her feeling state:

Adults often say, ‘Don’t scream, don’t hiss, don’t do anything’, but if screaming and screeching and hissing are the ways to communicate - if you take them as the means of communication, it makes all the difference! You can decode it, and you can start looking what it means!

P10's considered response to a child's screaming as a communication of anxiety or fear reflected her learning. She observed that non-verbal singing had a particularly calming effect. Describing one outcome of the music session with SP, P4 was able to reflect on the possible communication in the behaviour:

Its interesting ... during the session she's much more lively and she does many more things, but ... when the session comes to the end, she becomes either overly excited, or she starts crying. Or she can start laughing uncontrollably. And ... she poos. Which ... may be the complete relaxation. So during the sessions it is perfect, but after the sessions it can become quite problematic. So ... maybe she tests me?

Here P4 also demonstrated the ability to tolerate not immediately knowing the exact answer to this question. Despite the difficulty, she could instead remain open to the possible meaning of the child's responses (Winnicott 1965 p. 71).

6.3.2 Accessibility of Winnicott's theories

As previously described, some participants appeared to feel an expectation to try to let the child lead the interaction in the Phase 1 pre-intervention individual music session, despite being advised to work with the child in their usual way. Most found this difficult, and some conflicting emotional responses to the experience were expressed.

6.3.2.1 Phase 1: New approach requiring effort

Fifty per cent of participants appeared to need to push themselves into a new approach to being with the child. P3 and P5 both verbalised the effort involved while appearing unclear as to exactly what they were trying to do. P5 said: "I tried not to press him ... I tried to follow him. I was watching what he was doing and I tried to attract his attention

... I tried not to interfere with him letting his energy out.” For P3: “It was a very long ten minutes!” Explaining that she wanted to show what MD (who was then largely vocally silent) could do, P1 found direction in seeking to support the speech therapist’s work by encouraging him to make consonant vocal sounds. P9, meanwhile described the effort required to stay with AL’s loud, constant, unvarying vocalisations: “I was definitely feeling that that was her way to pass something on to me, to which I made myself listen.” As detailed in Chapter 4 (pp 133-134), capacity to sustain such listening in a therapeutic intervention is very valuable. However, as Steele (1988) observes:

We are often limited in our capacity for it. There is a difficulty in being really open to hearing the often disturbing qualities of a child’s sounds and silences. We seem to have a natural tendency to close down our ‘receivers’ in the face of what is aggressive, acutely painful, fearfully paralysed or terrifyingly unending, without variation, without shape or character (p.3).

6.3.2.2 Phase 1: Conflicted emotional responses to the new method

Eighty-eight per cent of participants (n= 8) described conflicting emotional responses to the method being offered in the context of the research. Some participants who responded to an erroneously perceived expectation that a child – led approach should be attempted in the Phase 1 music session, before the learning, practice, and supervision to come in Phase 2, found the consequent lack of direction and clarity understandably anxiety – provoking.²⁹ P3 summarised her own experience of the music session with KD: “It feels like a puppy being thrown into water. Everyone expects you to swim! And you are not quite sure”. While also stating that she should have had more confidence in herself, P4 said: “I was a bit tense all the time because I thought, ‘what if she [SP]

²⁹ As previously stated, the advice given for the individual music session in Phase 1 was for the adult to work with the child in their usual way while seeking a playful musical interaction.

wouldn't want to do it, what if I do something wrong?" P3 revealed a sense of confusion about what was actually happening in the interaction: "Definitely I was waiting until he would start ... It was quite easy to see whether KD was following what I was doing ... [I] think [I] tried to synchronise with him." P5 felt able to acknowledge that, while she knew that the aim was to communicate with SD through music, this perceived task made her feel uncertain: "We both felt like we didn't quite know what we were doing ... [I] tried to follow him, but neither he nor [I] knew exactly what to do with it." For P3, the experience also produced some frustration: "I understood very well that I have to follow the child; but if I hadn't started, we would probably just be sitting! And not interacting."

Perhaps unsurprisingly, the responses of fifty per cent of staff participants revealed a need to be told what to do. As P3 stated: "Just give us a hint! Teach us how to do it and we will do it!". P10 asked for "useful tips how to use it [music] situationally" within current classroom practice. There was also a sense of wanting much in terms of input, without yet being able to clarify what that might be. Sighing heavily, P1 said: "Maybe new ways, new techniques involving the child." P4 tried to explain, "its difficult when you don't know what you may want. You encounter a problem and then you start thinking the ways of resolving it, and then probably you will experiment, you'll find something that you might want but its really difficult to *know* what you might want." This significant observation will be explored further in Chapter 8.

Alongside these early, more conflicted emotional responses to the method being offered, there was also much overall enthusiasm expressed by eighty-eight per cent of participants. Of the idea of using musical play with children with complex needs, P10 stated unequivocally: "We have to do it! ... for me, working with this child, it's a must."

P3 agreed: "It is not just making sounds ... There are a lot of positive sides to it ... music is a different world. I think it's a must, actually." Three participants commented particularly on the potential of musical play to affect positive changes in their relationships with the children. P3 said: "It will give a new push into [our] relations with the child." P4 emphasised:

I've been promoting it all my life! Despite all the state programmes. For children of any age, the play is the primary thing. They cannot always engage in play in the sense that healthy children do. If we can get them involved and engaged through musical play then to me it is the most important thing.

P7 highlighted moments of engagement with SA: "[I] found all these moments of interaction with the child very valuable." P8 spoke positively about using more musical play with MZ, having observed differences in her responses to leading a musical interaction, rather than having the adult use the traditional hand over hand approach.

Two participants expressed enthusiasm for and interest in the forthcoming learning integral to the research process. P7 observed: "It's a big resource. And it gives an incentive for our development; incentive for us to do something new." P5 seemed aware of herself being different with the child. She said: "I liked this session very much because it was kind of exploration of myself." Despite having also experienced uncertainty and anxiety in the music session with SD, P5 was excited about the forthcoming research process and was confident in her ability to work in a different way. With a possible hint of idealization of the researcher, P7 said: "[We] have been using the 'Privyet song' [Hello song] since 2009 ... And [we] are using the drum, and the other musical instruments, just to attract the attention of the children and to organise interaction between the children

themselves. And its thanks to you!” A possible trace of envy appeared in P5’s description of her use of musical instruments in the classroom to help children relax after art therapy, following the 2009 introductory music therapy workshops: “I am not a music therapist, but I have been using the elements of music therapy in the art therapy.” In the concluding interview with the Director of CRC at the end of the research, positive changes for both staff and children resulting from the process were described with similar enthusiasm:

This project added a lot of positive things, positive moods, positive energy to the work of the specialists in the Centre. It is much more interesting to work, both for the specialists and for the parents. And you can see that the children get pleasure out of the sessions. The way that they come up to the musical instruments, the way they touch them, the way they now work with them, it’s all different.

6.3.2.3 Phase 4: Natural processes

The research offered Winnicott’s theories of the holding environment (1960) and play (1971), based on natural human mothering processes (Phillips 2007 p. 4), as a potentially accessible theoretical framework to support development in relationships between CRC classroom practitioners and children with complex needs. Seventy-five per cent of participants showed that emphasis on natural mother-infant interaction resonated with them collectively, while individual responses were more specific. P10 said: “What [we] appreciated and what [we] felt, was that it was not an artificially created project. It was based on our common ... human things.” P3 agreed: “It was really natural with me ... I wasn’t forcing myself to do it.” Conversely, P5 described having to make a conscious decision to allow herself to “do the things that are natural.” P9 agreed that “the difficult thing was to switch from the academic background ... to the simple, natural things.”

Fifty per cent of participants described a developing awareness of natural mother-infant interaction in their work – both with participating children in music sessions and in the classroom – and of how Winnicott’s theories provided an “academic basis” for this. P1 and P7 agreed with P10 that these theoretical principles enabled conscious understanding of previously “intuitive” ways of relating with the children. P9 observed: “Winnicott’s theory fortified - it strengthened the basis for this work. And it actually helped us to attune better our intuition.” P7 emphasised the importance of continued detailed thinking, while P1 found that conscious understanding of her approach enabled better structuring of teaching.

6.3.2.4 Phase 4: Conscious application of holding (1960) within music sessions

Sixty-three per cent of participants alluded to a new understanding of Winnicott’s theory of holding (1960), and of conscious realisation of this theoretical knowledge in practice within individual music sessions during Phase 3. P1 and P4 defined a direct link between observed and felt changes in relationships with the children and this theoretical principle. P8 articulated Winnicott’s assertion that play cannot happen without a good enough experience of holding (1971 p. 69), in work with MZ: “The most important thing is to create the safe environment for the child. That was the striking thing ... No safe environment, nothing happens.”

Four participants described specific ways of being with the child which, they felt, supported the development of a safe environment. P9 stated: “So we have to give the opportunity to the child to lead. Matching the child, adapting to the child, and giving him the safe environment allows the child to actually open up, and show the best in the

child.” P7 and P10 referred to the use of free imitation of the child’s movements and vocal and instrumental sounds to establish a musical connection (Levinge 2011). P7 gave a specific example discussed in a Skype supervision with the researcher during Phase 3 (Chapter 5 p. 192):

And I started singing ... “S is rocking” “S is here” “S is playing with the drum stick” ... If you do this same thing with anyone, the person will change their attitude towards you, because he or she will understand that someone is listening and hearing.

P4 understood that her focused approach to SP reflected Winnicott’s (1993) assertion that an infant’s sense of physical and emotional safety is provided through live and responsive maternal care. She said: “[SP] understands that what I’m doing, during the session, I’m doing for her and she loves it. She’s thriving on it. She is responding and there is communication.”

6.3.2.5 Phase 4: Conscious transfer of skills into classroom practice

“This is an absolutely great theory: that you have to be “good enough”. You don’t have to expect too much. You have to be with the child” (P7).

All 8 participants described transferring new knowledge and skills into their classroom practice. P9 commented: “What was ... probably the most stimulating result of the project, is that communication through music can be achieved when the child is practically in any condition.” P5, P10, P8 and P1 agreed that, no matter how complex a child’s needs, s/he would respond well to an adult observing, listening and remaining attentive to his or her needs. P5 stated the importance of: “Starting with the child”, while P3 said: “Definitely safety, trust, playfulness; natural playfulness. It has all been used.”

Fifty per cent of participants gave specific examples of how Winnicott's theories had supported the development of musical connections with hard to reach children in their classrooms. P3 felt that she now had some ideas for beginning to build a relationship with a new autistic pupil in her class. P7 also detailed ways in which she was learning to support another very disturbed autistic child. The child's mother had reported that musical sounds sometimes had a calming effect on his screaming. Responding to this, P7 said: [We] have already found a favourite song for him. [I] [do] some holding with him; [I] put him on [my] lap, facing him and singing and it works. And I think that in some time he will start vocalising in response." P10 showed both resilience and empathy with a child who was also often distressed. She described experimenting with both matching and contrasting sounds to make space to find out about the child's needs in that moment.

P9 worked with AL in the classroom, concurrent with participation in the research. She noticed that the interpersonal communication developed in music sessions transferred into the classroom, and that because of this AL had become much more tolerant of task-based requests. AL was also now more able to engage other staff members with sustained eye contact in response to her name being called. P9 stated: "She [AL] is now reacting absolutely perfectly well to the voice stimulus; to the voice vibration. It didn't happen before. At all!"

6.3.3 Winnicott's holding in the learning process

This theme arose in data from Phase 4 only, as it referred to the learning process undertaken by participants during Phases 2 and 3. Winnicott (2005) sought to summarise the good enough environmental function as involving holding, handling and object

presenting (Chapter 4 p. 119). Put simply, the infant needs to be able to take reliable maternal care for granted such that objects presented in a manageable way can be used and play can develop (p. 150). The research fieldwork was designed to offer a safe learning experience, based on trust between researcher and participants and, ultimately, between participants themselves (Chapter 5).

6.3.3.1 Phase 4: Object presenting

A constituent element of holding is the good enough mother's ability to give her infant what s/he needs in manageable doses, instinctively knowing what is needed, when and how much (Winnicott 1960 p. 57). The research fieldwork was designed to aid the digestion of new concepts, aiming to build confidence, and to facilitate imaginative use of ideas and objects (Winnicott 1991 p. 69). Seventy-five per cent of participants stated positively that the content and pace of delivery of the theoretical material during Phase 2 were accessible and manageable.

P10 stated: "In principle, everything was just enough ... and the fact that we *float*ed from one thing to another ... went back and repeated things. It gave us the opportunity to remember and use everything without pressure ... The dosage was proper!" P7 appreciated the time and space to make her own conclusions, to absorb and start to use new ideas in her work, while for P1, P10 and P9 clarity and structure of presentation were important to their understanding. P10 noted: "The material was prepared in the way that it was ready for [us] to use in practice." P4 and P7 described the structuring of information and ideas as organising and supporting formerly intuitive ways of working,

enabling these to be used “systematically” in practice. This enabled P4 to; “pick up an enormous number of small tools that helped me to find the right approaches to SP.”

The necessity of linking theory and practice during the learning process was emphasised by 4 out of these 6 participants. P4 expanded:

But now we know about tuning to the child, and we’ve practised it. We know about being on the same level as the child and we’ve practised it. We’ve learned about creating the holding environment for the child and we’ve practised it. All these small things, they make a very big difference.

Meanwhile, P5 observed a difficulty in changing embedded practices, even while accepting and understanding new theoretical material.

6.3.3.2 Phase 4: Supervision and peer support

The Support Package offered to each participant during the research fieldwork included face-to-face and online supervision with the researcher and peer support through the Workshop Group (Geddes 2006 pp 132-134, Chapter 5 pp 190-191). The significance of these holding structures was stated by fifty per cent of participants. P5 and P7 found that supervision both positively supported their work and provided guidance. P5 linked thinking in face-to-face supervision about different ways to arrange the music room for SD with subsequent positive changes in his use of the instruments. P7 commented on changes in SA’s attitude towards her as she implemented the approach described in section 3.2.4. P1 and P3 appreciated the positive and supportive stance taken by the researcher during supervision (John 2009 p. 87).

P4 and P3 each spoke about the value of working together with their peers during the fieldwork. P4 said; “when you analyse together, it makes your brain work in a different way.” P3 commented particularly on the valuable opportunity to share experiences of the music sessions with IY in the Workshop Group (Chapter 5 pp 187-189). In the feedback interview at the end of research Phase 4, the Director of CRC spoke particularly about the positive impact of working together in the Workshop Group on the stress levels of her staff team. She stated: “People opened up and they feel more relaxed and this is visible ... this team work opened up their new abilities. They have become more creative.”

6.3.3.3 Phase 4: Looking back and reflecting

“I am telling you absolutely sincerely. That was the only thing that helped us to involve him [SA] in any kind of communication.” (P7).

While in Phase 1 there were conflicted emotional responses to the method to be offered during the research, in Phase 4 all 8 participants spoke positively about the impact of their learning on work with children with complex needs. P8 reflected: “I realised that it actually really works, and I can use it.” Supporting the ethical research requirement to minimise disruption for both staff and children at CRC, seventy-five per cent of participants stated clearly an absence of conflict between their usual classroom practices and Winnicott’s theories of holding (1960) and play (1971). P4 commented that “some things we were doing intuitively we’ve found the proof that yes ... we were doing them the right way. There was no conflict.” P10 expanded: “And it [classroom-based practice] is now on a different level, because we know all the other things from Winnicott’s theories that add up and match and put it on a different level.” P4 and P10 also stated that new ways of working with the children had become part of their daily practice.

Results also showed the different ways in which some participants were able to reflect, often creatively, on different aspects of their research journey. An example was a poem written by P10 in Phase 1, and shared in the Phase 4 interview:

I'm sitting on a couch, and I'm feeling like a stump in the wood.
I'm looking at everyone, listening to the music,
and I'm thinking about the sea, about the hot sand, about the blue wave, the light breeze,
and about going back to the beach!

P10 laughingly said that this poem showed that she had “already got into the turmoil of the project”, but that she was not like a “stump” any longer. Sharing a drawing of a windmill from her reflective sketchbook, P9 realised that “in order not to become the windmill, which is wildly you know, rotated by the wind ... I need patience and rhythm.” P8 showed a beautiful drawing of a rainbow from her book which, she said; “shows that our sessions were very special for us. There were different colours, but the rainbow is always something nice.”

During Phase 2, P10 had initiated an experiential activity for herself and P7 in which she mirrored the arm movements of SK (who has cerebral palsy) while striving to connect with a stream of bubbles blown by her partner (Chapter 5 pp 182-183). P10 connected with joyful and frustrated feelings in this activity, which response was reflected upon by P7 in her sketchbook.

I made a drawing, where [P10] was represented by a stain on the wall, and there were bubbles around. It was my reflection on the work with children with cerebral palsy with very limited movement. But how you can activate that ... If your arms do not work you can use the legs, you can use any part of the body. And bubbles; and the most important thing is that it gives the children positive emotions; gives him or her some joy.

Four participants described the importance of experience in developing confidence to work with music in a different way with the children. While initially anxious about using several different musical instruments at the same time, P9 realised that, with practice and experience, she could do this with positive effect. P10 expressed feeling more able to improvise during her music sessions, rather than needing to adhere to a familiar structure. P3 felt that the experience gained during the research facilitated understanding between herself and IY, while P8 observed that “it helped [me] change, because [I] started relating to children in a different way.” These observations were independently supported by the Director of CRC, who had noticed that staff, who had not previously used music in their classrooms, were now working with musical interaction with the children.

P10 used her reflective blob tree to affirm her sense of achievement at the end of the research process; “almost at the top of it, [I] found the person with the hand and arm raised up: “I’ve done it!” Looking back on music sessions with SA, P7 reflected that, while it had not been her choice to have SA in her class that year because he was so challenging, he had given her “an absolutely unique experience of work.”

6.4 Research Question 3

Research question three considered the impact of this learning on the nature of the relationships between the staff and children with complex needs. Two themes were identified, describing emotional changes within the staff participants, and between the adult and the child. The first theme concerned the adult’s capacity to create emotional

and thinking space for the child inside herself, while the second explored consequent capacity for identification with the child's emotional state (Winnicott 1990 p. 22).

6.4.1. Creating space for the child inside oneself

This theme emerged as significant in participants' descriptions of ways in which their learning about Winnicott's theories of holding (1960) and play (1971) had impacted on relationships with children with complex needs. As P8 said: "It's a different approach, and you had to actually change yourself from inside." At the end of the first day of Phase 1 the researcher noted how tired the staff appeared. Overall, CRC was strikingly quiet. The translator reported that bureaucratic pressure on staff members, already working long shifts with very low pay, had greatly increased, with incumbent penalties if targets were unmet. Parents of the children were described as having become much more present (researcher's journal p. 9). Having worked with a UK charity in the establishment of CRC (Chapter 1 p. 17), the translator's professional opinion was that, while UK music therapists work on a basis of expectation of a relationship with those they support, this is not so in Belarus – partly because the staff do not know how to relate to such very challenging children. Some of these observations were borne out by the interview data.

During Phase 1, the researcher aimed to support participants to slow down and to begin to find ways of creating spaces for thinking (researcher's journal p. 15). This translated into the development of the staff development programme in Phase 2 (Chapter 5).

6.4.1.1 Phase 1: Emotional insight emerging

Responses from seventy-five per cent of participants evidenced the potential for the development of emotional insight into the children's needs, as well as into themselves as classroom practitioners. The data appeared to indicate that potentially different ways of thinking about the children's presentation (section 6.3.1.2) had created space for a consideration of feelings. P9 explained: "[We] both had this degree of freedom that [we] had not experienced before". This prompted realisation that there could be many more potential channels for communication with AL. Despite experiencing natural anxiety around AL's volatility and aggression which she typically tried to subdue, P9 nonetheless stated; "[I] realised that we do have to bring new experiences, we do have to bring strong emotions, sounds, or whatever to the lives of these [children] because they need it the same way everyone else does." P1 also felt that using more musical play with the children during the research would enhance their emotional experience and, importantly, bring more joy. P4 was able to reflect on SP's presentation in terms of parental expectations: "And she is in this permanent tension that she has not to fail someone's expectations and she has to respond. It weighs on her, and she's always tense."

Undertaking the music session with KD P3 noted a key difference in her own feeling response: "It was good to feel some responsibility – not just doing something someone expected you to do." This participant found the experience to be creative and emotionally rewarding. P10 stated: "I am an emotional person and I was very happy he was doing it [responding to the interaction] and it occurred to me to start using something else of the musical instruments." Similarly, that SD allowed her, as a relative stranger, to engage with him piqued P5's interest.

6.4.1.2 Phase 4: Using oneself as instrument

Psychologist Carl Rogers (1902-1987) changed his therapeutic working model from treatment, to the provision of a relationship which might be used for personal growth, based on being real and genuine in the service of the patient (1995 p. 32). Addressing parents, Winnicott (1993) concurred emphasising that; “we must be *ourselves*” (p. 123). The realisation that they were often using themselves differently during their Phase 3 m./.....usic sessions with the children arose for sixty-three per cent of participants. For P3 this manifested as a sense of doing something different and feeling very self-conscious about it. For others, there was an awareness of internal change, as described by P8 (section 6.4.1). Having watched with great interest the video films of her work with SD, P5 was now much more aware of moving at the child’s pace: “For many years I have been like an animator: running around and doing things and making other people do things. And here I finally managed to tune in to his moods, to his movements.”

Others focused on the need to be calm when working with the children. Without being previously told that this might be beneficial, P8 realised:

Before every [music] session [with MZ], I tried to calm down, and prepare myself for doing it properly ... It wasn’t easy! ... when you are permanently working with a large group of children and this turmoil is all around you, its all the time, I had to force myself to stop, to reflect, and then to calm down.

Winnicott (1993) agreed, gently advising parents that the most effective way of responding to their young child’s fearful reaction to a sudden, loud, hurtful noise would be to remain stable and; “hold the child close to yourself, and the child uses the fact that

you are not scared beyond recovery and is soon off and away, playing again” (p. 130).

P10 felt that actively seeking to be calm enabled her to achieve much more in her work at CRC in general, and in her music sessions with AT in particular. P7 similarly found that aiming to approach her work with SA in a more relaxed frame of mind actually produced the wanted results.

P9 described overcoming the anxiety she experienced in relation to AL’s aggressive behaviours which, by Phase 3, she understood as communication of her inner state. P9 said: “I absolutely realised that she [AL] needed someone to actually help her to cope with these aggressive reactions and [I] appreciate that AL chose actually [me] to be her partner in doing it.” Moving forward with this awareness in the music sessions with AL took courage, as shown in the Russian proverb quoted simultaneously: “You never go to the woods if you are afraid of wolves.”

Three participants articulated changes in the use of their musical voice (Chapter 5 pp 185-186). P1 described in some detail a situation within which she realised that she was no longer afraid to sing. Not only was she singing much more herself, she was motivated to lead others to sing as well. Similarly, P8 developed confidence in using her singing voice in sessions with MZ. P5 realised the important role her voice could play in her classroom practice: “The voice is the musical instrument. Through the music, through the voice, through the sounds I will bring them [the children] to using objects.”

6.4.1.3 Phase 4: Reduced tension between adult and child

“This is special contact with the child” (P5).

All 8 participants described ways in which tension between themselves and the child with whom they were working reduced significantly as Phase 3 individual music sessions progressed. P10 observed: "But if you compare the first session with AT and the last session with AT, I felt in an absolutely different way ... we were both calm." P3 agreed: "At the beginning, I was very nervous; how to position him, where to sit. Then, at the end ... we were getting pleasure out of it."

Anxiety in the working relationship between adult and child had often pre-dated the research. P7 felt that SA's frequent aggression towards her in the classroom, mostly resulting from not getting what he wanted, had been targeted to cause maximum distress. She said that this made it "impossible to work." P7 reflected: "I was just holding myself tight, through practically all the sessions. But during the last two sessions, when I just let things go, and I released the tension and I realised that, yes, things had changed; we could improvise, we could do things together."

In contrast to descriptions of stress and anxiety in Phase 1, participants now reported feelings of pleasure in working with the children in music sessions. P4 and P5 could see that the children were comfortable, safe and happy and described their own pleasure in response. P8 said: "It was like when you are playing with any child and you are a child yourself. It is taking in a part of the child." This finding is endorsed by Winnicott (1971), who posited that the mother's enjoyment in playing with her baby is essential to bring life to the encounter (p. 27, Chapter 4 p. 142). P4 elaborated: "Its lovely. Before, it was difficult for me to have sessions with her easily. Now, it gives me the greatest pleasure ... She doesn't empty me anymore. Vice versa. I feel energised." P7 too described deriving pleasure from being with SA, where previously his targeted aggression greatly upset her.

As she reflected on SA's behaviours as communication, together with what was known about his apparently turbulent home life, moments of tenderness towards him emerged. These findings are supported in the literature. Edwards (2011a) highlights *mutual* co-regulation of affect which occurs in positive caregiver-infant interaction (p. 191). P1 noticed specific changes in her relationship with MD which indicated a reduction in tension between them. These included the child's new enjoyment of her hugs where previously he had remained rigid and an increase in smiles. MD now laughed in response to jokes which he had not previously been known to do. Similar changes in terms of tolerance of physical contact and development of recognition of the adult with smiles occurred in the relationship between AL and P9. This also facilitated involvement in a wider range of activities in the classroom.

P5 was moved to tears while watching her chosen two-minute video extract of work with SD from Phase 3 during the interview in Phase 4: "And he's going to the chair! And he's sitting down! I will start crying now! He's exploring!" She said that she could not have imagined that this child *wanted* to learn; furthermore, that the experience of safety in their relationship would support SD's readiness for further development.

6.4.1.4 Phase 4: Trust developing in the relationship

"Me and MD, we have become great friends thanks to music!" (P1)

Fifty per cent of participants alluded directly to the trust which, they felt, had developed between themselves and the child with whom they were working during the research. Reflecting on the positive changes in her relationship with MD, P1 said that he now

allowed himself to disregard what she said at times: “He started behaving like a normal, regular boy”, where previously he was “all deep in himself” (section 6.3.1.1). This was a desired outcome which had developed as his trust in her had grown. Winnicott posited that an infant will need to test his parents’ capacity to be consistently good enough so as to be able to internalise reliable care and begin to take it for granted (Levinge 2015 p. 58). Testing his relationship with P1 further appeared to have enabled MD’s sense of emotional security at CRC to grow: “And we noticed that now he is coming to the Centre every morning with willingness and with pleasure. Before, he was sometimes reluctant to go. He would cry, he didn’t want to stay.”

P9 and P3 also emphasised the trust which had developed in their relationships with the children. P9 recognised that this trust was the result of the creation of a safe environment, listening, focused attention and attunement: “And that I can speak with her in her language, and that this moment of communication can actually last.” This last statement echoes the primacy of reliability in Winnicott’s theory of the mother-infant relationship (1993 pp 130-133). P3 and P4 noted changes in the child’s musical interpersonal communication as trust grew. P3 stated: “The later sessions, they cannot even be compared with the first one ... Because here, there was a contact between us, we understood each other and ... the output was much more vigorous.” P4 observed that SP “started vocalising and actually saying something! Words!” Meanwhile P1 considered the importance of visual contact with MD which, together with his reading of her facial expressions, enabled him to feel secure enough to bravely suggest his own ideas in their sessions. Winnicott (2005) said that a baby looking at his mother will see himself reflected in her; “and what she looks like is related to what she sees there” (p. 151, Chapter 2 p. 35). It seems possible that the consistent experience of seeing himself

reflected positively in P1's eyes supported MD's sense of emotional safety and facilitated creativity.

6.4.2 Identification

Winnicott (1990 p. 22) posited that the state of primary maternal pre-occupation supported the mother to identify with her infant, to tune in to how s/he may be feeling and to put herself in his or her shoes (Chapter 4 p. 121). Experiencing positive changes in how they thought and felt about the children with whom they were working appeared to have supported staff participants' capacity to identify with them.

6.4.2.1 Phase 1: Survival and exhaustion

Three participants appeared to describe simply surviving the very challenging autistic children with whom they were working during the research. P1, P9, and P7 all described them as "very aggressive". P9 added: "And aggression manifests itself unexpectedly and in a very strong way. And, when she (AL) usually came into the music room, she was carefully watched, because they were afraid that she would throw things, she would damage some instruments." Within the short music session itself, AL's drumming was described as "so loud, it could have shattered the walls." Usually, the child's access to drums was limited to prevent an escalation of aggression. A priority for P7 was to find "an instrument that would calm him [SA] down."

In their Phase 1 interviews, P1 and P9 particularly presented as exhausted and overwhelmed by the impact of the children's complex needs (Strange 2012 p. 190). P1's vocal delivery was tight and flat, and there was a paucity of content. She often sighed

heavily, particularly while describing the birth trauma experienced by MD. P9 had one arm in plaster, where she had been hurt by another child in her class. She said nothing about this, but the video of her session showed her stoically working with AL, who regularly bumped into that arm. Throughout the interview, P9's vocal delivery was soft and unvarying in tone as she described the session in which AL had been both very active and constantly and loudly vocal. This can represent a degree of emotional detachment which can itself be a response to high levels of stress and/or anxiety (Chapter 2 pp 43-45).

6.4.2.2 Phase 4: Being able to identify with the child

Sixty-three per cent of participants (n=8) articulated ways in which they were able to more closely identify with the child in their music sessions together. P8 stated: "And getting into the child's shoes. That was wonderful. It ... helps you understand the depth of everything." P9 and P5 described being able now to recognise the child's different emotions and to modify their response accordingly. For P4, being on the same physical level as the child was important in tuning into SP's feeling state. She said; "it seems to me that I can feel the child's joy and pain and I can understand their attitude to different things, and I can be with them in whatever they feel. And it is easier for me to see what they feel, what they want, what they need." With her professional knowledge of the family, P4 also suggested that SP had not received good enough mother-infant contact, and that she appeared to be compensating for this lack with her. While advocating an empathic teacher-pupil relationship, Winnicott (1990a) was clear that appropriate boundaries should be maintained (p. 63, Chapter 2 p. 41). This boundary was clarified, in a supportive way, with P4 in supervision.

P10 described how using mother-infant interaction in music sessions supported three-year-old AT to become accustomed to her voice, and to the sounds of the musical instruments. As AT became less anxious, her capacity to listen increased, and she began to respond more positively. P10 observed: “She [AT] stopped looking at [me] in a frightened way, waiting for some trouble from [me]. When AT was like that I wasn’t safe. I was becoming the same way.” Here, P10 was describing AT’s projection of anxiety, such that she as the adult was also feeling anxious. This will be discussed further in Chapter 8.

6.4.2.3 Phase 4: Guilt and regret

Reflecting on their work, 2 participants described, with varying degrees of intensity, a sense of guilt and regret alongside the joy expressed regarding the changes they had seen in their relationships with the children. P4 explained that she had been inspired by her work with SP to try a similar approach with a much older, hard to reach child at CRC. She became very emotional as she movingly described the impact of the child beginning to respond to her efforts to engage him in an improvised musical interaction:

When I was working with M, I was crying. I used to be very indifferent to those things before. Like a teacher comes to the lesson, gives whatever she has to give, and leaves. Now I am at the same level as M, and when I see his reaction ... You have to see it and feel it. And I feel terribly guilty of why I haven’t done it before. He’s so big, and we have lost so much time with him ... We haven’t given him the joy he could have had.

Those working with children and adults with complex needs may carry often unconscious guilt for not having to bear the same challenges as those in their care (Sinason 1992 p. 54, Chapter 2 pp 42-43). A growing ability to identify with the children (section 6.4.2.1) had appeared to raise guilt and regret for P4 that she had not previously used the vocal interplay which had supported SP to engage in musical interaction in her classroom

practice (Chapter 8). The researcher aimed to normalise such emotional experiences within P4's overall ability to create a safe environment for the children, seeking again to build confidence in her considerable professional competence (Chapter 5 pp 156-158). A further layer of guilt was experienced by P4 as she moved away from entrenched practices in her music sessions with SP: "I almost feel guilty because who knows if I am leading her the right way" and another of apparent regret as she reflected on her overall classroom practice prior to the research. This will be discussed further in Chapter 8.

As seen in Chapter 2 (pp 42-43), excessive devotion to a child or adult with complex needs may result from a worker's guilt that they cannot cure the incurable (Stokes and Sinason 1992 p. 50), a phenomenon also described in music therapy trainees working with this client group (Richards 2009 p. 28). For P7, this phenomenon appeared to translate into a self-imposed directive: "I have to like him. I have to love you, SA," despite the child's extreme challenging behaviour. P7 appeared to feel very guilty about her ambivalent feelings towards SA (Winnicott 1993 p. 99), and sought to take the responsibility for his aggression onto herself. She said: "And when they say that children like our children are aggressive, it's not that they were born aggressive, it is us who are making them aggressive. And I understand it"

This chapter has presented the results of stage 1 qualitative data analysis, corresponding to Winnicott's concept of identification as part of the maternal holding environment. Chapter 7 will present the integrated results of quantitative and stage 2 qualitative data analyses, which correspond to the second aspect of holding which Winnicott termed "adaptation" (Levinge 2015 pp 61-62).

7 Chapter 7: Integrated quantitative and Stage 2 qualitative data results

7.1 Introduction

Winnicott's theory of holding (1960) encompasses identification (the mother's ability to attend and tune in to the infant's emotional state) and adaptation, which "implies an active awareness of and an instinctive physical and emotional matching of the infant's state of being" (Levinge 2015 p. 61-2, Chapter 4 p. 121).

The Chapter 6 qualitative results demonstrated ways in which the theoretical and experiential learning undertaken in research Phase 2 (Chapter 5) facilitated development in CRC classroom practitioners' capacity to identify with children with complex needs. This included significant shifts in how they were able to think about, respond to and engage with the children. This chapter presents the integrated results of quantitative and qualitative data pertaining to the development of the knowledge and skills implicit in the ten descriptors of the evaluation instrument central to the research (Chapter 4). Put simply, the degree and nature of changes made by CRC participants for each element may be thought of as representing "adaptation", arising out of participants' increased ability to "identify" with the child's needs (Winnicott 1960).

To explore to what extent and in what ways Winnicott's (1960) theories of the holding environment and playfulness (as understood and practised by psychodynamic music therapists) might be accessible, relevant and applicable to Belarusian classroom practitioners working with children with complex needs (research question 2), their self-selected video extracts, one each from research Phases 1 (pre-intervention) and 3 (post-

intervention), were self-assessed in situ, and assessed by 16 UK music therapists in an online study (Chapter 5 pp 202-203). Belarusian and UK music therapist participants rated those same 16 extracts against the ten descriptors of the evaluation instrument, summarised in table 7:1.

Table 7:1 Summary of elements of the evaluation instrument

Core Elements	Rated Elements
Individualised Physical Space	1.The room and the instruments are set up for the child
	2.The session is structured for the child
	3.Behavioural boundaries
Waiting, Listening and Looking	4.Waiting for the child to begin an interaction
	5.Listening and observing closely
	6.Timing and pace in musical responses
Matching and Adapting	7.Attending and responding sensitively to all communications
	8.Matching musical elements with the voice and/or an instrument
	9.Encouraging and expanding on the child's ideas using the voice or an instrument
Playfulness	10. Playing together in music

A 5-point Likert scale was used, where 1 was “Strongly agree” and 5 was “Strongly disagree”. There was also a separate “Don’t know” option for each element (table 5:2). Eight pairs of scores were produced for each rated element, before and after intervention (Phase 2), for the two groups of Belarusian and UK music therapist participants.

In line with the mixed methods methodology used (Creswell 2015), this chapter describes the integrated quantitative and qualitative results from Belarusian participants (n=8) and UK music therapists (n=16) for each rated element of the evaluation instrument (Chapter 4). Histograms compare quantitative data from Belarusian and UK participants for each

element, while the corresponding qualitative data from each participating group is presented firstly in table form and then discussed. Each participating child is identified with their initials. In respect of the qualitative data, the translator reported verbatim material in the third person, which has again been replaced with the first person, indicated in square brackets.

7.2 Integrated quantitative and qualitative results

Core Element 1: Individualised Physical Space

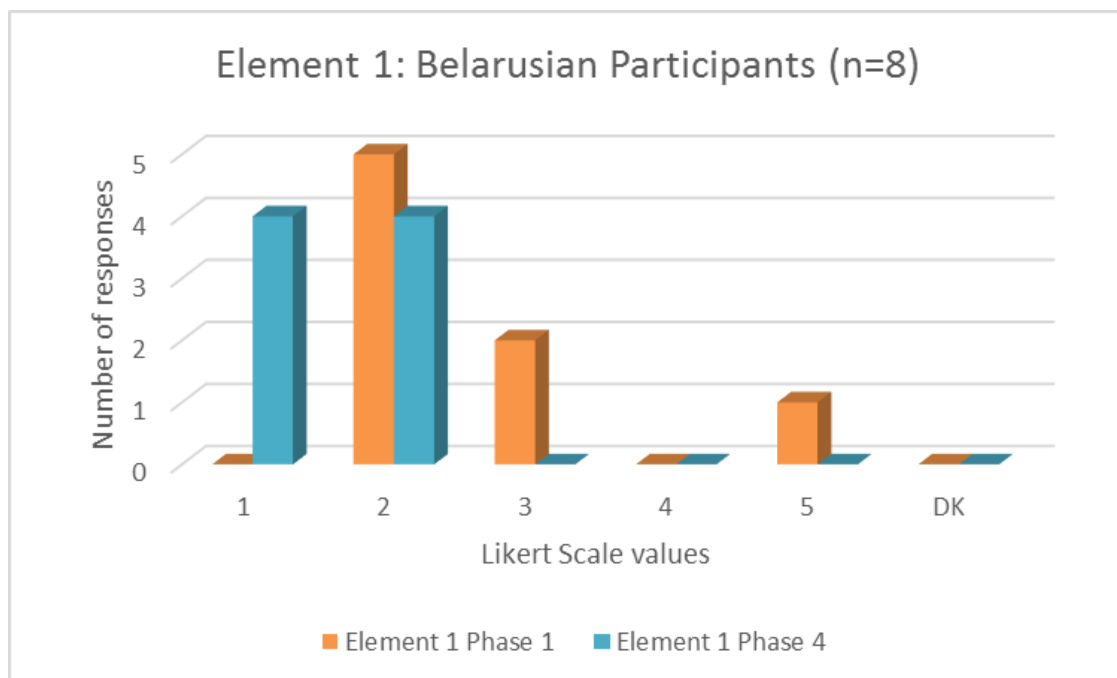
7.2.1 Element 1: Has set up the room appropriately for the child.

Element 1 of the evaluation instrument required the adult to be able to consider the child's individual needs in organising the session space, enabling the child to access the instruments safely, spontaneously and freely, if they so wished.

Belarusian participants

Figure 7:1 shows a combined increase of thirty-eight per cent in higher value scores (1 and 2) post-intervention, together with a one hundred per cent majority of these higher values in [Phase 4](#). These results evidence a positive change in participants' self-assessed capacity to create an individualised musical environment for the child. Five participants (n=8) also "agreed" (value 2) that this had been achieved in [Phase 1](#). This outcome may be partly explained by participants' desire to 'please' the researcher, as well as to self-present in a positive light, particularly in the first rated element.

Figure 7:1 Comparative distribution of quantitative results Element 1; Phase 1 and Phase 4



Consideration of an arrangement of the music room appropriate to the individual child’s needs was present in twenty-five per cent of Belarusian participants’ qualitative data (n = 8) in Phase 1. With an awareness of SP’s typical intolerance of the music room during CRC group music lessons, P4 aimed to create a different kind of space for her – a plan which anticipated the learning to come in Phase 2. She also realised: “Probably the first thing is that she [SP] must feel comfortable. The positioning is very important for her.” P10 agreed; “maybe something to free [SK’s] body and then it will be helpful for him to be more involved and engaged in the play.”

In contrast, all participants, in Phase 4, detailed ways in which an individualised musical

Table 7:2 Element 1: Integrated qualitative data summary

Increasing The Childs sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level	
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.		
			1. Has set up the room appropriately for the child.	1. Focus is on the child's physical positioning to enable instrument access. 2. The child's physical comfort is important, insofar as it enables engagement in the activity.	2/8	There is now awareness that the individualised arrangement of the room; 1. should be adapted to the child and instruments chosen specifically for them. 2. supports the emotional <i>and</i> physical needs of the child. 3. contributes to the child's sense of emotional safety with the adult, enabling them to "open up" and to be creative. 5. supports the development of eye contact with the adult; viewed as important to the child's sense of emotional safety. 6. promotes a significant shift in focus from the child's physical movement to emotional expression through vocalisation and singing.		8/8
				Qualitative Data: UK Music Therapist Participants	Clips Discussed	Qualitative Data: UK Music Therapist Participants		Clips Discussed
Individualised Physical Space		1. Has set up the room appropriately for the child.	1. The room mostly was <i>not</i> set up according to the needs of the child. 2. In one clip the adult standing behind the visually impaired child was felt to be unhelpful. 2. In one clip the physical positioning of the child was described both as "lovely", with an available instrument selection, and as "not readily accessible" and "a mess". 3. In one clip the child's choice of seat and instrument was adult-led. 4. In one clip instruments were accessible, although not always within reach.	8/8	In all clips most participants agreed that the room <i>had</i> been set up according to the needs of the child. However, there were a few isolated discrepancies: 1. In one clip, that the child was held on the adult's lap was described as limiting and as prohibiting eye contact. This may have been what the child needed as she was just 3 years old. 2. In one clip, the instrument choice was described as too overpowering. 3. In one clip there is concern about the floor rug which causes the child to trip. 4. In another, the room is described by one participant as not particularly set up for the child. 5. In one clip, one participant felt that there were too many instruments which was distracting.	8/8		

environment was created for the child, accounting for his or her physical and sensory needs. The resulting impact upon the child's sense of emotional safety with the adult was acknowledged. P7 summarised:

At the beginning [Phase 1], you could see that I didn't know what his [SA] preferences would be. There were too many musical instruments and he was lost in the middle of it ... His sensory system could not cope with the abundance of musical instruments. That was why he stepped on the drum, and there were a lot of very destructive behaviours at the beginning.

Winnicott (1991) maintained that aggression is a normal part of child development. With failure in reliable, good enough maternal provision, he suggested that normal infantile aggression may become destructive (pp 232-9). SA appeared to communicate difficulty in self-managing aggression through his behaviours. In being able to understand his sensory, physical and emotional needs, P7 was able to identify with and adapt to SA. P8 and P1 realised that the safe and accessible arrangement of instruments for the child enabled more open and creative musical interaction. P5 described an outcome of this individualised approach for SD: "For me, it was a miracle when he took a musical instrument and sat down and we were playing opposite each other." P9 found that she was "acting and arranging the space in such a way that the emotional reaction [of AL] should manifest itself not through movement, but through vocalisation, through singing, through words."

Positioning children with cerebral palsy was particularly challenging for P10 and P3. P10 realised that when 3-year-old AT was not able to reach, grab, or hold an instrument, anxiety for both child and adult escalated. Placing the child on her knee seemed the most

enabling solution, but this prohibited shared visual contact. The importance of positioning when working with a child with complex needs is discussed by Twyford (2008) in the context of collaborative music therapy with a physiotherapist and speech therapist in a UK special school (pp 52-3).

UK participants

Fig 7:2 Comparative distribution of quantitative results Element 1– Phase 1 and Phase 4

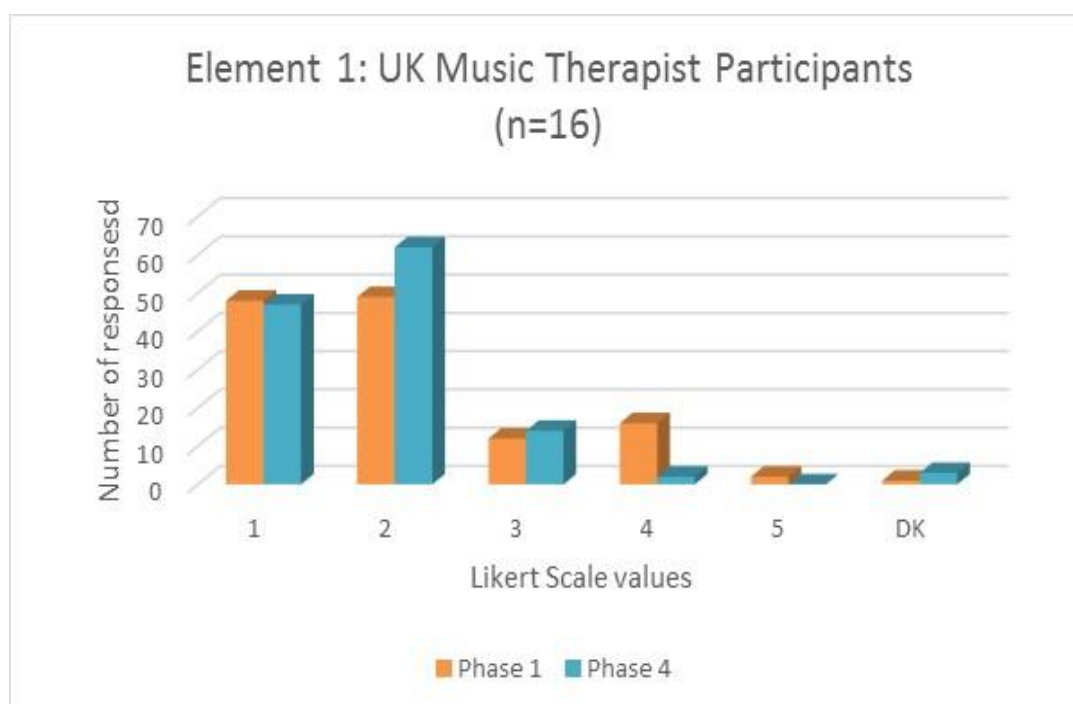


Figure 7:2 shows a combined increase of nine per cent in higher value scores (1 and 2) post-intervention in quantitative data returned by UK participants, although this is much smaller than that of Belarusian participants for the same element. This may be partly accounted for by UK music therapists' viewing video clips through the more discerning

lens of greater training in, and experience of creating an individualised environment for a child in music therapy.

There also remains, however, a tendency for lower scores to be replaced with higher in [Phase 4](#). This indicates assessment of positive change in Belarusian practitioners' capacity to create an individualised physical space for music sessions with the child post-intervention. Contrary to the greater proportion of higher values (1 and 2) of seventy-six per cent for [Phase 1](#) shown in quantitative results, many UK participants felt that the individual needs of the children were not considered in the room arrangement in most video clips. Even where the child was comfortably positioned and appropriate instruments provided, those same instruments were frequently not readily accessible. Participants agreed that there were often too many instruments and too little space for children with mobility issues. Of one adult, one UK participant stated: "Strict focus on one instrument on the child's lap. Other instruments are available but are behind the child; out of sight. Staff member does not appear to be allowing child liberty of movement, even though it seems he would be able to move independently."

Participants were similarly confused as to why one adult positioned herself so far away from and behind visually impaired child, who would nonetheless have been able to feel her proximity. One participant noted the bells placed on the child's feet to enable him to play independently, but also observed a need for "even more subtle instruments or opportunities to express [him]self." Meanwhile another felt that "[the child] is obviously comfortable in these sessions, so that the adult can move further away, building on the confidence in the relationship."

Opinion was divided as to another adult's arrangement of instruments for the child with whom she was working. One participant said; "Instruments were in good reach for the child. It must feel liberating for the child to be able to lie on the floor rather than be held or in a chair." Another disagreed: "Although there has been an attempt to set up the space with instruments close to the child, it does not seem that these are instruments the child can access, apart from the adapted bells strung to her wrist."

Most UK participants found that, in contrast to Phase 1, the arrangement of the music room and provision and accessibility of instruments had been carefully considered in terms of the child's needs in all [Phase 4](#) video clips (n=8). Of one example, a participant noted: "Instrument held above child makes it accessible." Occasional discrepancies arose in otherwise positive feedback, which correspond to isolated quantitative scores of 5 – "strongly disagree". In 2 clips, a paucity of available instruments was observed, with the caveat that this may have been in accordance with the child's sensory needs. One adult's efforts to position the child in the most accessible way were identified by sixty-three per cent of UK participants. One wondered: "Maybe if a chair was not suitable maybe a beanbag would have been?" While positive as to the choice of instruments provided by another Belarusian adult for the child, two participants felt the arrangement to be potentially confusing and concern was expressed about a potential trip hazard.

7.2.2 Element 2: Has structured the session appropriately for the child

Element 2 of the evaluation instrument required the adult to be able to structure the individual music session according to the child's individual needs, taking into account any

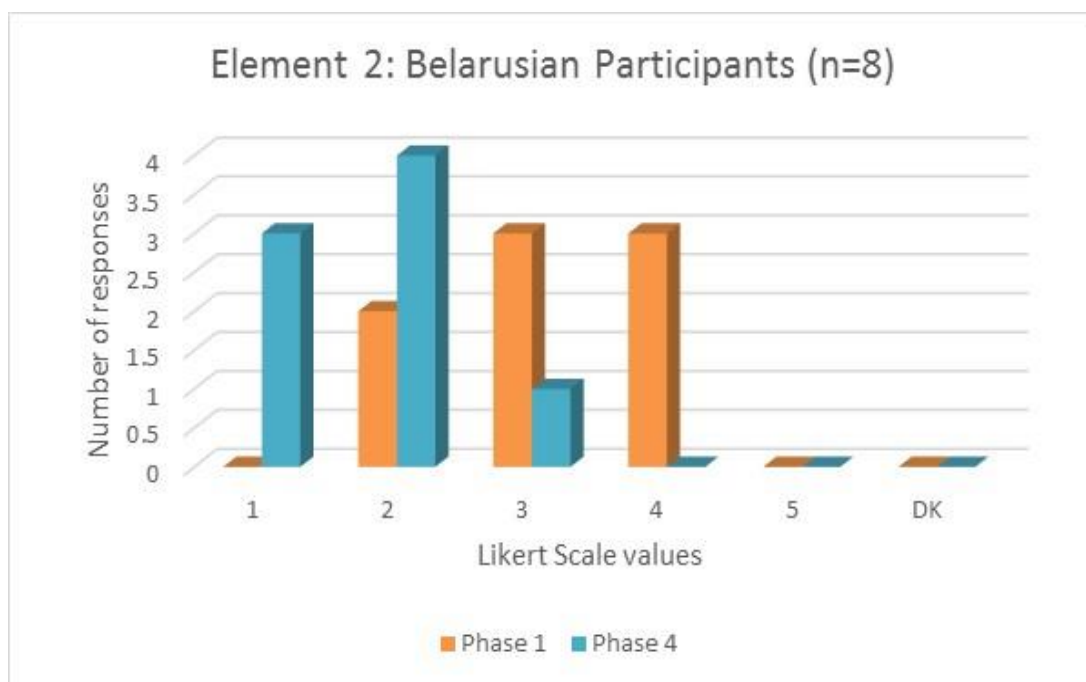
sensory difficulties and/or restricted movement and the child's ability to tolerate proximity in the nature of the musical interaction and/or musical activities to be offered.

Belarusian participants

Figure 7:3 shows a sharp combined increase of sixty-three per cent in higher values (1 and 2) post-intervention in respect of this element. Following the knowledge and skills gained in the staff development programme (Phase 2) Belarusian participants were much more able to structure the music session according to the child's needs, seeking to play with the child, rather than to create and lead pre-planned musical activities. Thirty-eight per cent of participants self-rated this element with value 4 (disagree) in **Phase 1**. As previously stated, some participants perceived an expectation that a child-led approach should be attempted in the individual music session, although the advice was to work with the child *in their usual way* while seeking a playful musical interaction. Significant anxiety arising from the consequent lack of familiar structure was described in Chapter 6 (p. 225).

Two participants expressed confusion and tension around how to structure a session in which the child could lead the musical interaction. P8 said: "I made this decision, because I didn't have any structure, I didn't know how to do it, I just let the child lead and then I was joining." The Phase 1 session had shown P9 a different way of using music with AL. She sought a session structure that would; "bring [AL] to understanding that ... "I understand what you are telling me" ... that this is the way of communication, not just of making sounds."

Figure 7:3 Comparative distribution of quantitative data Element 2 – Phase 1 and Phase 4



Commensurate with the quantitative results shown in figure 7:3, qualitative data corresponding to Phase 4 described a shift from playing *to* the child, to playing *with* the child. The focus was now on observing and following rather than expecting compliance. Sixty-three per cent of participants commented directly on the changes made to practice in respect of Element 2. P8 stated: “We are used to structuring our lessons in a different way and it was a completely different approach.” P1 contrasted the “better results” of a more fluid structure, with the “chaotic” result of her more directive approach in Phase 1.

Three participants highlighted structuring the music session around the needs of the child. Observing, becoming aware of, and adapting to the individual child supports the development of a relationship which is “alive and human, and which makes the [child] feel secure” (Winnicott 1993 p. 89).

Table 7:3 Element 2: Integrated qualitative data summary

Increasing The Child's sense of Emotional Safety		Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
Individualised Physical Space				Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
		2. Has structured the session appropriately for the child.	1. A lack of structure in the session causes tension in the adult. 2. There is a stated need for the familiarity of structure. 3. Structure may help the child understand that the session could support communication, not just activity.	2/8	1. A shift in approach to playing <i>with</i> the child, observing and following rather than wanting/expecting compliance. 2. Participants are used to a pedagogical approach to structuring sessions. 3. Structuring a session according to the needs and responses of the child.is described as producing better results. 4. Allowing the child freedom to use the instrument improved their focus.	5/8		
			Qualitative Data: UK Music Therapist Participants	Clips Disc- ussed	Qualitative Data: UK Music Therapist Participants	Clips Disc- ussed		
		1. Difficulty in commenting on session structure from a short clip, and with no prior knowledge of the child's needs. 2. In 2 clips, the activity, while appropriate, was based on the adult's pre-conceived ideas. 3. In 1 clip pre-recorded background music chosen by the adult was described as over-stimulating, distracting and too much for the child to process. The adult's playing was described as unrelated to that of the child. 4. In 3 clips balance between free exploration and encouraging interaction was reported. 5. In 1 clip some musical structure was observed.	8/8	1. Most participants stated that it was difficult to comment on the session structure from a short clip, and with no prior knowledge of the child's needs. 2. In 6 clips there was agreement that the child's needs had been thought about in terms of musical structures offered, and that the child appeared held in the space. 3. In 2 clips the children are observably enjoying the musical activity. 4. In 4 clips, the "free" structure offers space to explore. 5. In 1 clip one participant felt that a more predictable structure would have been beneficial. 6. In 1 clip the need for a secure structure was acknowledged alongside advantages of independent exploration.	8/8			

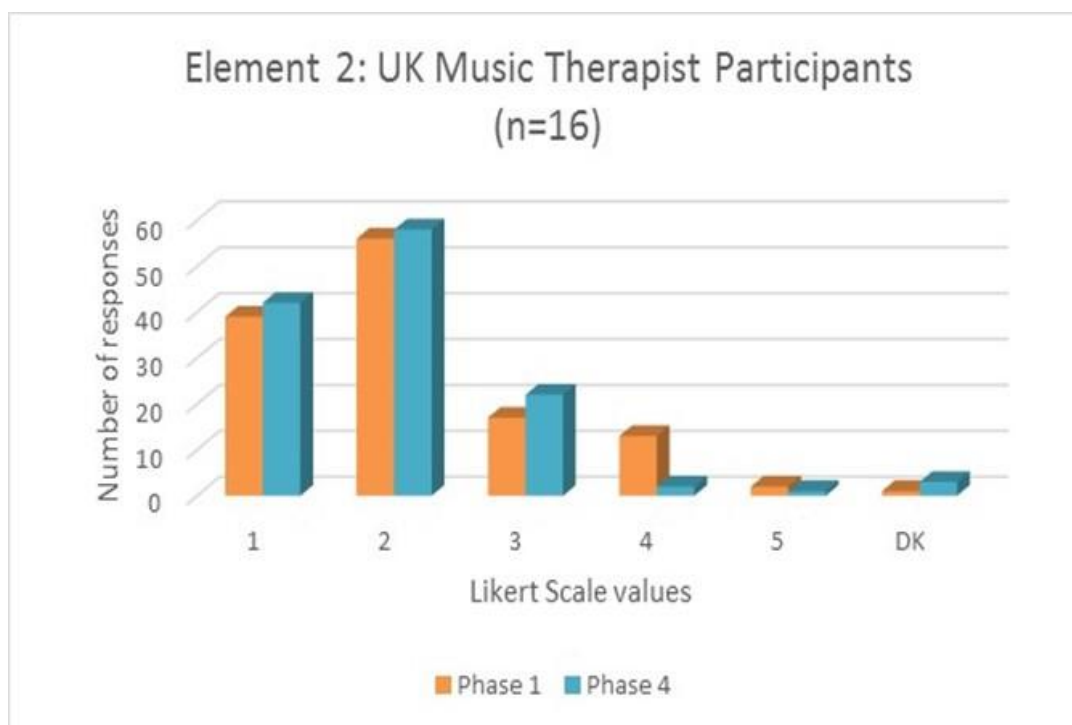
P7 summarised: “I am observing him, I’m watching him, and I am following him. This was most important; what was very meaningful is not playing for the child, but playing with the child.” P10 agreed; “there has to be structure at the beginning and a structured end. But in the middle ... you don’t have to be rigid. You have to have this freedom, of doing things in the order which results from the child’s behaviour.” P9 described how freedom to move around and access the instruments at will supported AL to focus on subsequent musical activities.

UK participants

In contrast with the Belarusian quantitative results, figure 7:4 shows that the higher value scores (1,2) pre- and post-intervention for Element 2 were very similar, with a negligible combined increase of four per cent in [Phase 4](#). This may be partly explained by the corresponding qualitative data, as most UK music therapists (n=16) expressed difficulty in commenting on appropriate overall session structure from a short example, and without prior knowledge of the child’s needs. However, the qualitative data also returned a proportion of positive results in respect of Phase 4 which is greater than that suggested by the quantitative results.

In respect of [Phase 1](#), 6 video clips (n=8) yielded more detailed, specific qualitative data, in which UK participant opinion was divided. In 3 clips, participants observed that the musical activity offered to the child, while appropriate to his or her learning ability, was based on the *adult’s* pre-conceived ideas.

Figure 7:4 Comparative distribution of quantitative results Element 2 – Phase 1 and Phase 4



Of one such interaction, one UK participant noted: “The child would be able to move around independently, but appears to have been instructed to sit. Child does not appear at ease; often looking down or turning away.” Of another, two participants said that the session clip was adult led; particularly that the child was led to woodblocks while already engaged with castanets.

One Belarusian adult’s decision to have pre-recorded background music throughout while attempting to establish an improvised musical connection with the child was described by 5 participants as “distracting” and “over-stimulating/perhaps too much to process”. One observed that the adult’s own playing as insufficiently related to this background music. Another Belarusian adult’s use of some musical structure was felt to have given the child

“a sense of security” by one participant, although another disagreed: “Can't help feeling there could have been a better solution.” In 3 further clips, participants were described as beginning to find a balance between “free explorative play [and] more interactive play”.

In [Phase 4](#), most UK music therapist participants again found a session structure difficult to discern from a short video clip, and without an understanding of the child's needs. However, in 6 clips, there was consensus that evident musical structures *were* responsive, and that the child appeared secure and/or to be observably enjoying the activity. Of one interaction, one participant commented on the child's evident excitement in response to the musical interaction, but questioned the adult's choice to use a song. One participant said of another clip: “Lots of musical and physical stimulation is providing an environment the child is enjoying, interested in and motivated to take part in.” Similarly, one Belarusian adult's choice of instrumental sounds and singing were described as creating an inviting musical environment, within which the child's needs had been considered.

Participants also agreed that 4 clips provided evidence of a free structure with space for the child to explore sounds. One UK comment supported the corresponding adult's own self-assessment, contrasting an adult-led structure in Phase 1 with the child now being given “space and time to follow [his] own interests”. It was felt that “a more predictable structure would have been beneficial” to a further musical interaction, while another UK participant considered both the need for a secure structure and the advantages of freedom to explore independently in one adult's work with the child.

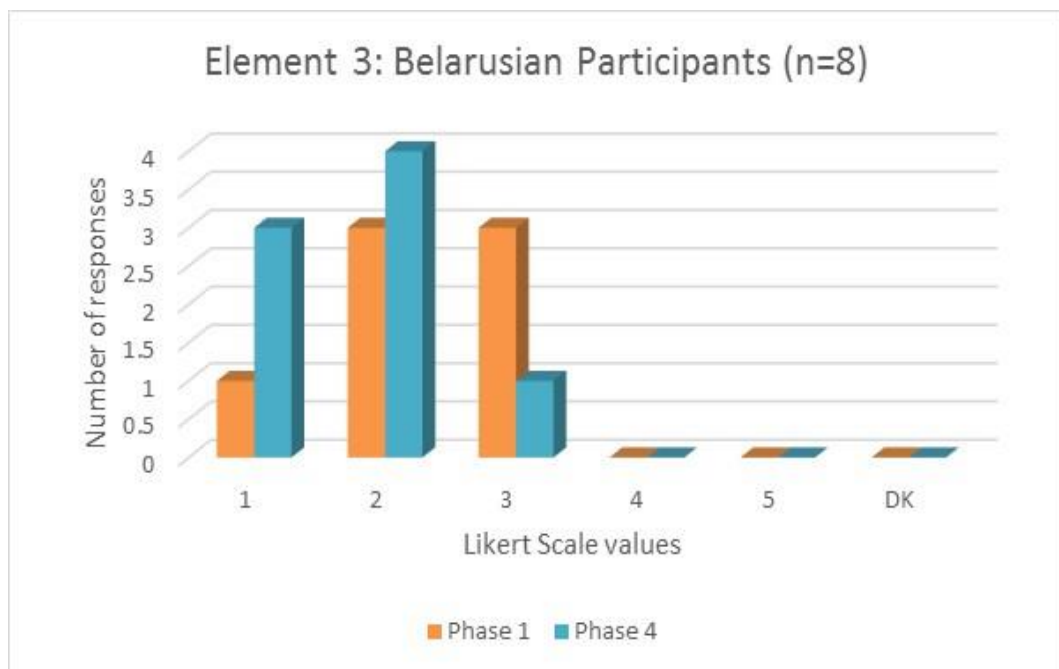
7.2.3 Element 3: Sets boundaries of acceptable behaviour according to the child's needs.

Element 3 of the evaluation instrument required the adult to be able to maintain safe and appropriate behavioural boundaries for the child during the individual music session.

Belarusian participants

Figure 7:5 shows a combined increase in the higher values (1,2) of thirty-eight per cent post-intervention in respect of Element 3 in quantitative results returned by Belarusian participants (n=8). There is an eighty-eight per cent majority of these values in [Phase 4](#).

Figure 7:5 Comparative distribution of quantitative results Element 3 – [Phase 1](#) and [Phase 4](#)



Although all participants were advised to give complete ratings in both Phase 1 and Phase 4, leaving none blank (Chapter 5 p. 198), one value was missing. A significant proportion (forty-two per cent) of Belarusian participants neither agreed nor disagreed about the setting of safe behavioural boundaries in Phase 1. This finding is supported by corresponding qualitative results, in which the issue of boundaries for the pre-intervention music session was only briefly considered by fifty per cent of Belarusian participants (n=8).

For 2 participants, these boundaries responded to the child's aggressive tendencies. P1 said; "the limits for the child's behaviour were set, and he actually kept to those limits because he is an autistic child and sometimes ... he can be either very aggressive or he can disagree to do anything, and this time he was complying with everything that [I] wanted." P9 explained her usual decision to limit AL's access to drums; "we are afraid that it would provoke her aggression out". Some important issues were raised – primarily, the importance of balancing freedom and safety to support the child's emotional regulation. P7 realised that this approach might help SA to manage the requirements of the school environment. As her relationship with MD developed, P1 became able to release the previous sense of control and to allow greater space to explore. Her thinking about MD's responses was now informed by knowledge of his home life in a hostel with his mother and brother, who also has complex needs (Winnicott 1991 p. 211):

Because at home his abilities to do the things that a normal boy would do are very limited. They all live in one room ... there is not much he can do there. And the fact that he is allowed to do things is very precious for him.

Table 7:4 Element 3: Integrated qualitative data

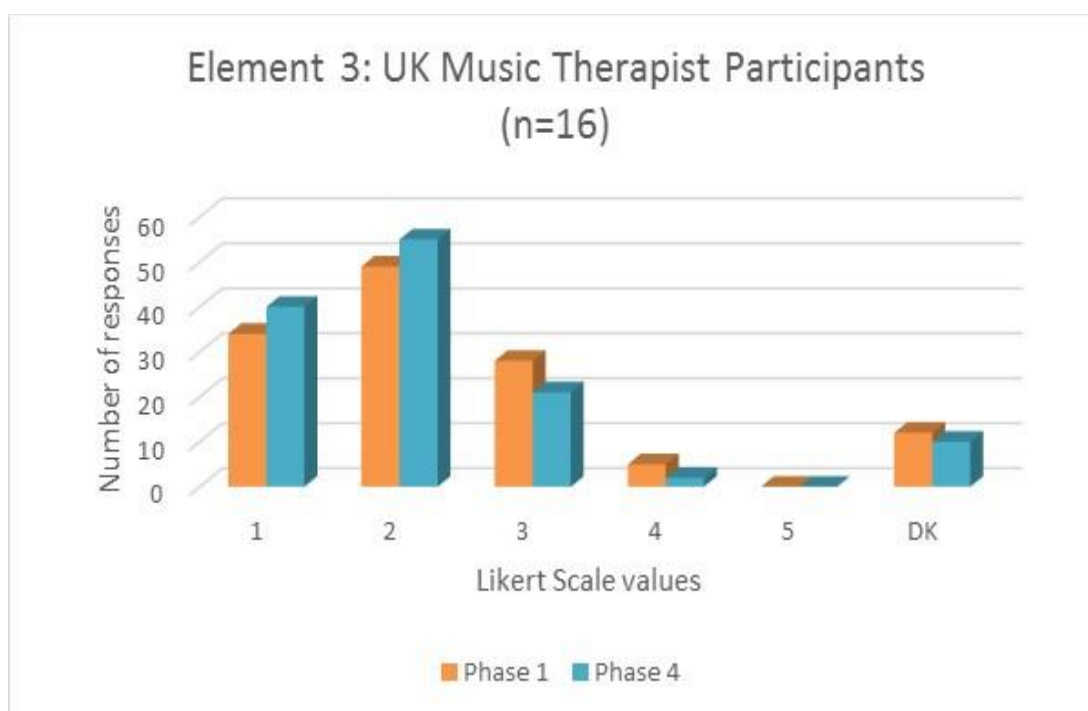
Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No. with theme	Qualitative Data: Belarusian Staff Participants	No. with theme	
	Individualised Physical Space	3. Sets boundaries of acceptable behaviour according to the child's needs.	<ol style="list-style-type: none"> 1. Behavioural boundaries are set and the adult is pleased that the child is compliant. 2. The adult already notices that a drum can be a channel for the child's aggression, rather than a trigger. 3. Awareness that consistent behavioural boundaries are needed, whilst desiring spontaneous exploration. 	4/8	<p>The adult is able to;</p> <ol style="list-style-type: none"> 1. maintain the behavioural expectations of the school environment. 2. understand the child's pushing of behavioural boundaries in terms of emotional needs. 3. help the child to regulate his emotions, de-escalating behaviours. 4. accept the child as s/he is, enabling the desired behavioural response. 5. support the child to regulate aggression, rather than trying to control. 6. be aware of the importance of finding the balance between allowing the child freedom, and keeping safe behavioural boundaries. 7. allow space and silence, preventing escalation of behaviour. 	3/8	
			Qualitative Data: UK Music Therapist Participants	Clips Discussed	Qualitative Data: UK Music Therapist Participants	Clips Discussed	
			<ol style="list-style-type: none"> 1. Difficult to comment on appropriate boundary setting from a short clip, and without knowing the child. 2. Most participants felt that there were no behaviour issues in these clips. 3. In 1 clip the adult is described as "quite controlling" in general. 4. The children are all described as appearing comfortable and settled. 	8/8	<ol style="list-style-type: none"> 1. In 7 clips, participants agreed that there were no behaviour issues, so there was no boundary setting to observe and comment on. 2. In all clips, the child was described as happy and/or settled. 3. In 1 clip the adult's response to the child's brief aggressive gesture both maintained the behavioural boundary and an appropriate response to the child without disrupting the process. 	8/8	

P1 was now able to consider MD's boundary testing behaviours as communication of his need for consistency from an adult. Repeated experience of feeling understood supported the development of emotional regulation for MD and enabled him to move on to different musical activities. Winnicott (1993) posited that, within a generally supportive, encouraging experience, children like to be told 'No', as this supports the gradual, healthy integration of external reality (pp 36-9). P9 described negotiating this balance: "you have to come to understand what the boundaries are. Because you have to let the child [have] more freedom, but ... it has to be for the benefit ... You find the balance, finally." A recurring theme in supervision, P9 described being emotionally robust as "the power of kindness". Learning to read AL's behaviour as communication appeared to support the child's sense that her feelings could be survived (Levinge 2015 pp 111-112).

UK participants

Figure 7:6 shows a combined increase of twelve per cent in higher values (1,2) in quantitative results returned by UK music therapist participants (n=16) in respect of Element 3 post-intervention. This indicates a level of development in Belarusian practitioners' capacity to maintain safe behavioural boundaries for the child during individual music sessions. In comparison with the other rated elements of the evaluation instrument, a larger number of UK participants chose "Don't Know" in their quantitative assessment of Belarusian participants' work in respect of this element in both **Phase 1** and **Phase 4**. This suggests that some participants felt unable to respond explicitly to this element on the grounds of insufficient evidence in the video examples.

Figure 7:6 Comparative distribution of quantitative results Element 3 – Phase 1 and Phase 4



These findings are supported by the corresponding qualitative data in which UK participants mainly agreed that, in all Phase 1 video clips (n=8), boundary setting was not in evidence as no unacceptable behaviour was observed. In one example, the child was described by a UK participant as “content, able to engage or not as he wishes”. Another felt that a further interaction showed a sense of safety with as the child put his hand in that of the adult. In a similar finding that, having taken the adult’s hand, the child was then comfortable to walk unsupported was viewed by one participant as illustrative of the sense of comfort between them. Conversely, 3 participants felt that another of the video clips showed an interaction which was controlled by the adult. One said: “The adult seems to be dictating the behaviour of the child. Even dictating how to make the instrument sound”. Pre-intervention, this appeared to support the adult’s own stated wish for the child’s compliance.

Phase 4 quantitative results returned by UK participants evidenced a seventy-four per cent majority of higher rated values post-intervention, suggesting a positive assessment of Belarusian participants' capacity to maintain safe behavioural boundaries for the child. However, in corresponding qualitative data, participants also agreed that in eighty-seven per cent of video clips (n=8) no behavioural boundary setting was required and that the children appeared "settled", "comfortable", "content" and/or "happy". One participant said of one example: "When the child raised the beater towards the adult's face, the adult simply repositioned it on the xylophone with no language. There was no fuss made but the action was clear – that they were going to be safe together." Four participants agreed; one felt that this response showed "unconditional positive regard" for the child.

Core Element 2: Waiting, Listening and Looking

7.2.4 Element 4: Is able to wait and allow space for the child according to their individual needs.

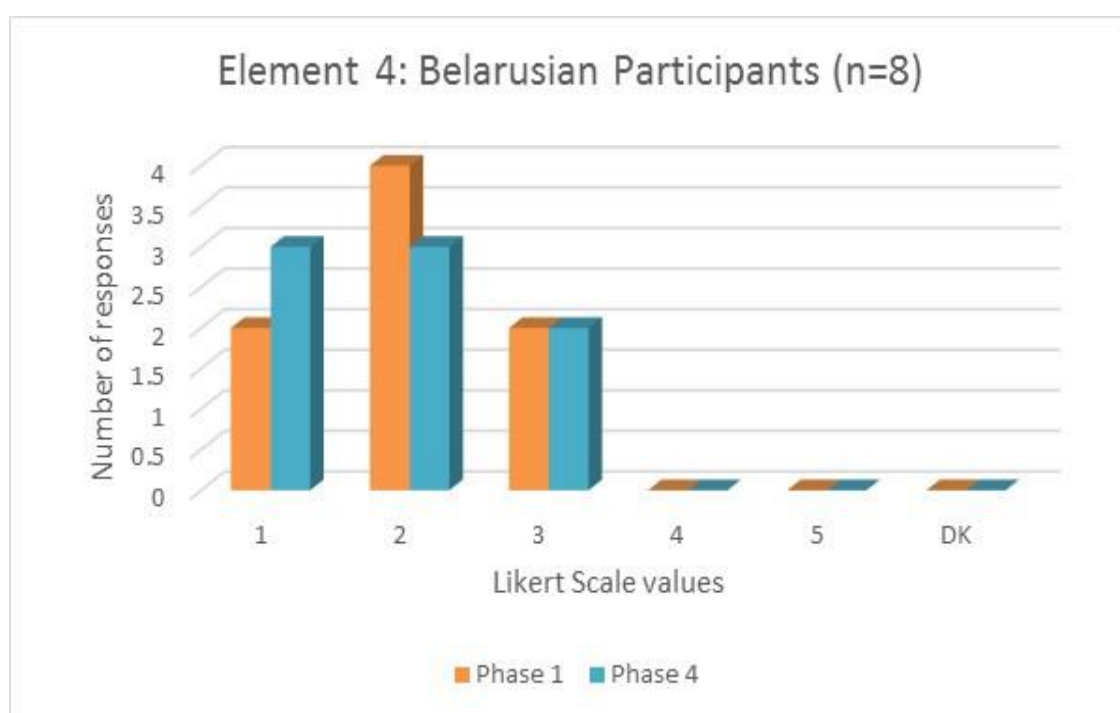
Element 4 required the adult to be able to wait for the child to begin an interaction spontaneously, in their own way, musical or non-musical (Hadley and Quin 2010 p. 2). Where the child does not do anything, the adult would be able to indicate availability through a musical gesture or by remaining quiet but visible as appropriate (Kossyvaki, Jones and Goldberg 2012 p. 177).

Belarusian participants

Figure 7:7 shows a twenty-five per cent increase in the highest value 1, a twenty-five per

cent drop in value 2, “agree”, while the neutral value 3 remains unchanged post-intervention in respect of quantitative results returned by Belarusian participants for Element 4. Seventy-five per cent of participants (n=8) self-assessed this element highly in **Phase 1**. The corresponding qualitative data shows that there was an embryonic awareness of the importance of allowing the child to lead the musical interaction, which could be reflected in a need to evidence this in the self-assessment. Participants may also again have wanted to self-present in a positive light. This possibility is corroborated by corresponding qualitative data, in which seventy-five per cent of Belarusian participants alluded directly to Element 4 in **Phase 1** (table 7:5). P5 agreed with P4 who voiced the perceived expectation held by some; “this I have learned when we have just started working; that the child has to be leading.”

Figure 7:7 Comparative distribution of quantitative results Element 4 – **Phase 1 and **Phase 4****



P7 appeared not to differentiate between the idea of letting SA lead a musical interaction, and her usual approach of following him until an opportunity to “catch whatever subject, object, whatever catches his attention” arose. P8 explained the significant difference between the approach implied by Element 4, and the traditional way of working with MZ: “If it was music class or something, we did things hand in hand: [I] was trying to make M do things.” Even pre-intervention P9 realised:

We are usually engaged in the process where I am teaching and she [AL] is supposed to learn. And very often we don’t have enough time to listen to what they want to tell us. And this time, this was an opportunity for [AL] to tell me whatever she wanted to tell me. She’s never spent so much time with the drum.

P9 and P3 detailed specific musical interactions arising from allowing the child to lead. P3 noted: “[KD] was sitting on a chair, quite passively and then he went to the temple blocks and started drumming. And then he moved his head and he looked at me and I decided to show the initiative. I gave him the stick and then we started to play.” P9 described the communication she understood from AL’s behaviour towards the instruments: “If you [P9] want to do something new with me, I am ready: the drum, the xylophone, I like it, I will do it with you. But leave me some space of my own.”

The quantitative results (figure 7:7) show seventy-five per cent of participants also self-rating positively (values 1 and 2) in response to Element 4 in [Phase 4](#). This finding is supported by corresponding qualitative data showing that the Belarusian participants found waiting and allowing space for the child to initiate a musical interaction the most difficult aspect of the work.

Table 7:5 Element 4: Integrated qualitative data summary

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
			Qualitative Data: UK Music Therapist Participants	Clips Discussed	Qualitative Data: UK Music Therapist Participants	Clips Discussed	
Waiting, Listening and Looking	4. Is able to wait and allow space for the child according to their individual needs.		<ol style="list-style-type: none"> 1. Time to read the child's behaviour as a communication of her need for space was valued. 2. Space enabled the child to focus, to voluntarily initiate communication, and to enjoy interacting. 3. Allowing space did not feel very different for one participant. 4. Traditional approaches are hand over hand. 5. Participants felt that "the child is supposed to be leading", but did not yet know what this means in practice. 6. Awareness of the potential of allowing space to facilitate a different kind of communication. 	6/8	<ol style="list-style-type: none"> 1. Waiting, working with silence and allowing space for the child, as well as overriding embedded practices was difficult. 2. The adult's ability to wait, to listen and to use the silence was recognised as very important. 3. Space to explore without expectations enabled the child to feel safe and facilitated communication and play. 4. Allowing space supported the child to experience mutually enjoyable musical play. 	7/8	
			<ol style="list-style-type: none"> 1. In 7 clips, participants felt that the child was given insufficient time to respond. 2. Finding the balance between giving enough space and a musical invitation was difficult. 3. In one clip, maintaining a musical link was more useful. 4. There was consistent focus on the child. 5. In one clip, the adult was described as "impatient" by one participant. 6. In one clip, some participants noted space for the child which encouraged a sense of connection. 	8/8	<p>Most participants observed that the adult was;</p> <ol style="list-style-type: none"> 1. now able to wait and to allow space for the child. 2. aiming to provide an inviting musical environment, although sometimes allowing insufficient space. 3. consistently attentive, and there was attunement. 4. too fixed on her own song with insufficient space for the child's responses (in 2 clips). 5. In 1 clip the adult's good level of musical waiting was inconsistent with a tendency to dominate with movement. 	7/8	

Three participants (n=8) stated the importance of waiting. P10 said that “giving enough space is the most important thing.” P9 added: “And everything depends on how the specialist observes, waits, analyses, and then structures the work.” P7 described the impact of transferring this principle to her work as a Speech and Language therapist with SA.

Before, [I] had plans, and [I] tried to impose the things I wanted him to do on him. And he wouldn't listen, he wouldn't look, he was building a wall, he was resisting. [Post-intervention] I was just putting the chair by my side, leaving a space for him, yes, “this is for you and when you feel you want to do it, you do it”, and that worked!

Three participants described waiting and allowing space for the child to initiate an interaction as “difficult” or “very difficult”. P8 summarised: “I had to learn to wait for the child's reaction. Not to impose things on the child, but wait for the child to lead. That was hard.” P1 too found “giving enough space and keeping silent” the most “problematic” aspect of her work with MD, and that she did not always succeed. “Grabbing something, doing it for the child; that's something we are used to. It is very difficult to make yourself stop. Its subconscious!” At the same time P9 realised that stepping back and “letting the silence work” was effective in supporting AL when she displayed aggressive behaviours. Meanwhile four participants gave examples of outcomes arising out of allowing the child space to initiate an interaction. P5 said of a later music session with SD:

There was a moment during one of the sessions when he actually came up to [me] and he sat on [my] lap, and [we] started rocking together... but I never expected it to happen ... and I didn't have to rock with him.

P4 observed SP's excitement when she realised that initiating musical contact was possible and mutually enjoyable. Similarly, when given space to respond in her own time, P9 found that AL "started actually reading the facial expression: So when I was smiling, she was smiling as well ... she knew that I am feeling OK if I am smiling, and she gave me a smile in response." P1 saw MD begin to enjoy their music sessions when he realised that the previous expectation of compliance had been replaced with space for his own responses: "He started getting pleasure out of it [musical interaction]. He started vocalising, he started making sounds."

UK participants

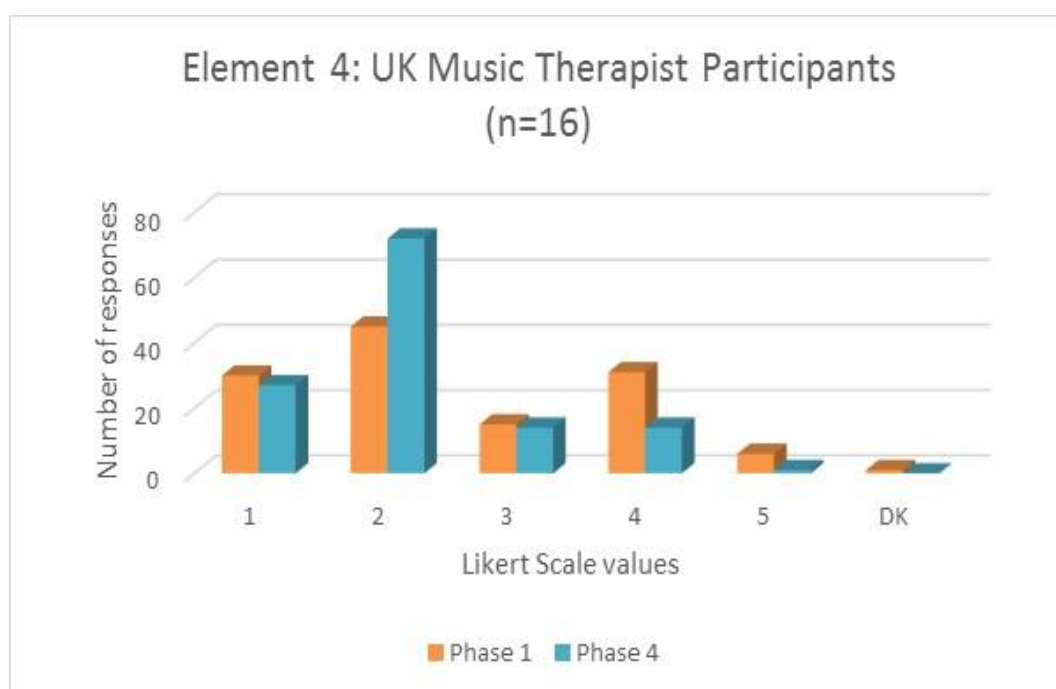
Figure 7:8 shows a combined increase of sixteen per cent in higher rated values (1,2) in quantitative data collected from UK music therapist participants (n=16) in respect of Element 4 post-intervention.

This includes a twenty-one per cent increase in value 2 ("agree") between **Phase 1** and **Phase 4**, suggesting a degree of positive assessment of development in Belarusian practitioners' capacity to wait and to allow space for the child to initiate an interaction. Corresponding **Phase 1** qualitative data appeared to support Belarusian practitioners' early perception that the child should lead the musical interaction, while yet lacking the knowledge and experience needed to support this process pre-intervention. In eighty-eight per cent of video clips (n=8) space allowed for the child was deemed insufficient by at least one participant. Of one adult, one UK participant commented: "She seems more directive than able to wait in the gaps that the child has left when stopped playing."

Three clips were felt by at least one participant to show the adult working hard to engage

the child, “rather than waiting for the child to interact in his own timing” and/or adopting an impatiently directive approach.

Figure 7:8 Comparative distribution of quantitative results Element 4 – Phase 1 and Phase 4



Disparity in UK participants’ responses was also evident in eighty-eight per cent of video clips (n=8). More critical observations were often made alongside descriptions of practitioners’ patience, listening and responsiveness. One participant said of one Belarusian adult: “I felt there could be a little more space allowed for the child's responses”, while another stated: “Appears patient and available to connect at the child’s pace.” In musical interaction with the child, another adult was described both as “separate and disconnected”, and as allowing “lots of space for the child to show responses”. This discrepancy may be partly accounted for by Belarusian practitioners’ greater knowledge and experience of the children, which was acknowledged directly in

respect of 4 video clips. One participant found a further adult “too animated”, while adding: “I cannot see the child's face so she might be responding in an animated way to facial expressions and knowing the child.” Three participants wondered whether continuing to play the drum while the child was silent enabled another adult to maintain the musical connection: “Although she keeps playing during the child's silence and then gently moves the drum towards the child, the child appears to respond well to this and takes her invitation to play.”

Most participants discerned an increase in the adults’ capacity to wait and to allow space for the child to initiate a musical interaction in [Phase 4](#). The adult’s aim to provide an inviting musical environment was noted, sometimes at the expense of space and time. One adult was described as; “very engaging and possibly this was the right response for the child – alternatively the child might have appreciated having more space to contribute”. Another was also assessed by one UK participant as facilitating the musical interaction, while allowing space for the child to respond. These results correspond to literature relating to Element 4 (Chapter 4 pp 131-133). Findings of quantitative research by de l’Etoile (2015) comparing affect and gaze in response to infant-directed singing in neurotypical infants and those with Down’s Syndrome suggest that mothers of children with learning disabilities may need help to understand the challenges they face in terms of self-regulation, and the time and space they need to respond (p. 214).

As in Phase 1, some video clips generated divergent opinions. In contrast to a previous observation, one Belarusian adult was described by 2 participants as disengaged and remote from the child. Another musical interaction was viewed by some participants as

not allowing enough space for the child's responses and processing of the vocal musical exchange, while others felt that this did work and that the child was "clearly engaged". Similarly, 3 participants reported that a further Belarusian adult was following the child's movements, was "available and responsive" to his presentation and needs and able to allow "time and space for the interactions to emerge". Two participants disagreed, stating that the adult "seemed to feel a need to fill the spaces with speech or other vocal sounds".

In sharp contrast with one adult's positive self-assessment, most participants felt that the child "needed more time to process sounds", and that the adult appeared to expect him to follow her chosen song (although 2 participants said that this same song provided a periodically engaging musical structure). Of another musical interaction, one said: "Adult could perhaps be more child-led with regard to movement ... but is good at waiting while the child vocalises."

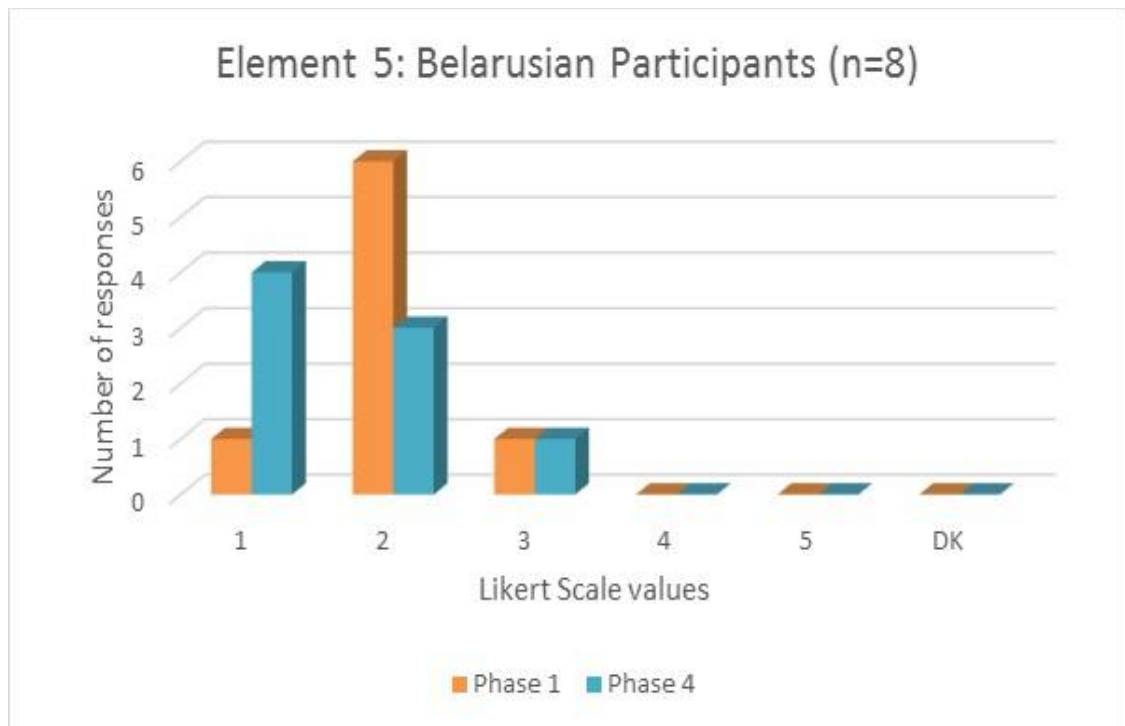
7.2.5 Element 5: Listens to and observes the child closely and consistently.

Element 5 of the evaluation instrument asked the adult to listen to the child's sounds or silence and to observe non-verbal communication closely. The adult would be able to notice fleeting moments of potential communicative connection from the child and respond to them using appropriate instrumental and/or vocal sounds, gestures and looking behaviour.

Belarusian participants

Figure 7:9 shows that eighty-eight per cent of Belarusian participants (n=8) self-rated positively in respect of Element 5 in **Phase 1**. Seventy-five per cent returned a rating of value 2 (“agree”), while the same value drops to fifty per cent in **Phase 4**. This ambiguity might be partly explained by the qualitative data (table 7:6). As previously stated, participants erroneously perceived an expectation to adopt a much freer approach to the **Phase 1** music session. While anxiety-provoking (Chapter 6 pp 224-225), some were excited by the children’s responses, which may have skewed the results pre-intervention. This will be discussed further in Chapter 8.

Figure 7:9 Comparative distribution of quantitative results Element 5 – **Phase 1 and **Phase 4****



Eighty-eight per cent of participants contributed qualitative data in **Phase 1** in respect of this element. Comments related primarily to observations of differences in the child's non-verbal and behavioural responses. This included changes in eye contact, engagement with instruments and capacity to sustain an activity. There was no reference to listening to the child. The music session appeared to afford space for the adult to notice different aspects of the child's presentation and movement. P5 said: "[I] saw him [SD] wanting to move freely. And [I] thought, I have to give him this opportunity and to watch him."

Although knowing the child's mobility well, P10 nonetheless saw that SK "managed to move his legs in the unusual position, and that he was interacting ... that was great." P3 noted a different quality of eye contact in KD's response to the sounds he made on the accordion: "You could see that he was doing it with pleasure. He was not passive." Observed differences in the children's behaviour were equated with enjoyment of the music session. P8 noted MZ's smiles, dancing, and movement, together with increased focus and desire to sustain the interaction: "She wanted to play, play, play." P8 contrasted this with MZ's response to her usual teaching approach. "When ... we are doing it hand in hand, [MZ] didn't want it really, she was resisting. But here she was leading it and she was enjoying it." P9 noticed similar positive differences in AL's capacity to focus and to sustain engagement with the drum. P1 marked a new and surprising behavioural response from MD in Phase 1: "Normally he doesn't like the audience and normally he wants to be shut in himself. But this time, [CRC staff member] was helping to do the video recording, and it seemed ... that he actually appreciated the audience."

Table 7:6 Element 5: Integrated qualitative data

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
			<ol style="list-style-type: none"> Participants were able to be observant as to the children's instrumental choices. Participants were surprised by new responses from the child. Participants began to see the child's emotional needs reflected in their behaviour. The child's desire to sustain enjoyable musical play was striking. Participants observed the child's looking behaviour and eye contact, and active and positive responses. 	8/8	<ol style="list-style-type: none"> Observation now more detailed. Attention paid to the "minutest details" of non-verbal communication. The possible emotional meaning of these communications was carefully considered. Observing and listening is becoming easier with experience. Sustained eye contact with the child is described as important. Being attentive means that the adult is responding differently to the child. The child is able to focus, and to initiate when the adult is observant and listening. Participants described working out instrumental choices together with the child. The adult is aware of the need to use clear non-verbal communication to sustain interaction. This way of listening and observing strengthened the emphasis on sensory perception in defectological training. The child's positive responses to sounds were described with pleasure. 	8/8	
			Qualitative Data: UK Music Therapist Participants	Clips Discussed	Qualitative Data: UK Music Therapist Participants	Clips Discussed	
	Waiting, Listening and Looking	5. Listens to and observes the child closely and consistently.	<ol style="list-style-type: none"> In 6 clips participants agreed that the adult was attentive, and watching. In two clips, the adult was observant but set on her own agenda. In 7 clips opportunities for connection were missed. 3 clips evidenced listening. 	8/8	<ol style="list-style-type: none"> In all clips, most participants reported a high level of observation of the child. In 3 clips, the ability to listen to the child closely and consistently was inconsistent with that of observation. In 1 clip the adult was described as slow to respond and mis-attuned to the child. In 1 clip the adult laughed with delight when the child responded with sounds of their own. 	8/8	

Quantitative results show a thirty-eight per cent rise in the highest value (1) in [Phase 4](#) in respect of Element 5 (figure 7:9). This is supported by corresponding qualitative data in which all 8 participants voiced a new awareness of the importance of detailed observation and listening to the developing musical interaction with the child. P8 explained: “The observing, listening and waiting ... before I didn’t know how to do any of those.” P4 agreed; “I have learned to do it. And it has become easier.” P1, P3 and P8 stated the necessity for remaining attentive and for following the child’s communication. P3 said: “Now I am listening, I am much more observant, I can understand with the slightest movement of [IY’s] eyes.” P8 continued; “you must start with listening - listening to the silence, giving the child the opportunity to adapt to the environment.”

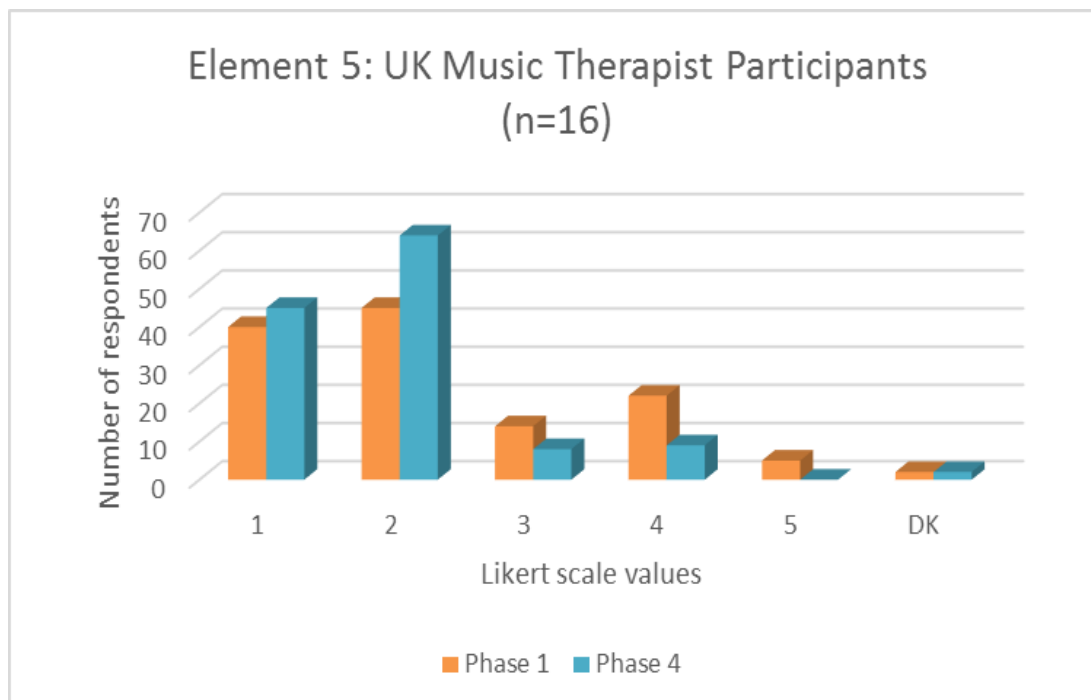
Five participants explained how close observation facilitated understanding of meaning in the child’s emotional communication. P10 agreed with P7’s description of how observation of the “minutest responses of the child” supported her understanding of how challenging SA found the world around him. P9 noted that this enabled her to discern AL’s emotions. Eye contact was particularly emphasised as an important aspect of non-verbal communication. P9 found that breaks in visual contact caused AL to immediately disengage. P3 described working out communication through eye contact together with IY, which enabled him to choose instruments.

P5 summarised the impact of this element on her work with SD: “I started watching every movement he makes and every instrument he takes. Before, he was very tense, he was very anxious. Now, he is focused. He is really focused. It is a miracle.”

UK participants

Figure 7:10 shows a nineteen per cent combined increase in higher rated values in quantitative data returned by UK music therapist participants in respect of Element 5 post-intervention. This relatively low rise might be considered in terms of participants' divergent opinions revealed in corresponding qualitative data. In common with Belarusian participants' own qualitative material, UK participants foregrounded observation of the child, evident in **Phase 1** and **Phase 4** and commented much less and then more critically on practitioners' listening skills (table 7:6).

Figure 7:10 Comparative distribution of quantitative results Element 5 – **Phase 1 and **Phase 4****



Comments in response to **Phase 1** video clips showed mainly consistent observation of

the child throughout. Of one musical interaction, a UK participant observed: “The adult is consistently observing the child and their body language, eye contact and movement.” Another described a further Belarusian adult as: “Very tuned in to type of playing, changes of posture, hand position initially.” During two video clips, one participant said the adult was: “Very responsive to a variety of movements and sounds from [the child].” Another adult was described by one participant as “very aware”, although 8 others felt that her physical position behind the child precluded close observation of his facial expressions and body language.

While described as mostly available, attentive, responsive and supportive, eighty-eight per cent of adults were nonetheless felt to have missed opportunities for musical connection with the child. This suggests that practitioners were following the remit of watching the child, with an as yet limited understanding of his or her communication. Of one interaction, a UK participant said: “Some interactions initiated by the child are not responded to in the moment – there seems to be a focus on specific interactions with the rain stick and the ocean drum, rather than spontaneous play.” Although two further adults were observed to be looking at the child, this was described, by 2 UK participants, as intended to give instruction, or to lead the child to interact, rather than to respond to communication.

A small minority of participants evidenced listening on the part of the adult. One adult was observed by a UK participant to respond to “one vocalisation from the child in the beginning of the clip”, while another acknowledged that a further adult: “Did hear the gentle taps of the castanets and responded to them.”

The quantitative data (figure 7:10) evidences a seventy-seven per cent majority of higher values (1,2) in [Phase 4](#). This is corroborated by corresponding qualitative data in which most UK participants reported a greater level of observation of the child by the adult (table 7:6). Of one interaction this comment was made: “The adult's attention is completely focused on the child and she follows his musical and body language cues.” Another Belarusian adult’s animated facial expressions and use of eye contact in response to the child’s behavioural responses were highlighted.

There was discrepancy between participants’ positive assessment of 4 Belarusian practitioners’ observation skills, and more critical responses to listening skills. One adult was felt to be “observing the child in a warm way throughout and seeking contact”, while simultaneously seeming “a bit disconnected” from the child’s sounds. One participant reported: “Child is actually very tuned into this structure – his body movements frequently mirror the phrase structure and he makes occasional sounds that mirror those of adult. However, this does not observably result in changes in what the adult is doing.” However, another observed the same adult slowing her singing to acknowledge the child’s actions. Of another, one UK participant said: “Watches and looks, but doesn’t seem to be listening very closely.” Another noted “no obvious connection” between the child’s use of the instruments and the same adult’s music and some vocalisations were missed. However, that she responded “intuitively” to the child’s laughter, which introduced a “responsive change to the song” was acknowledged. One participant felt that more space was needed within another video example. Another noticed a further adult’s responsiveness to some of the child’s sounds in the first half of the clip, but that she then turned away and initiated her own musical gestures.

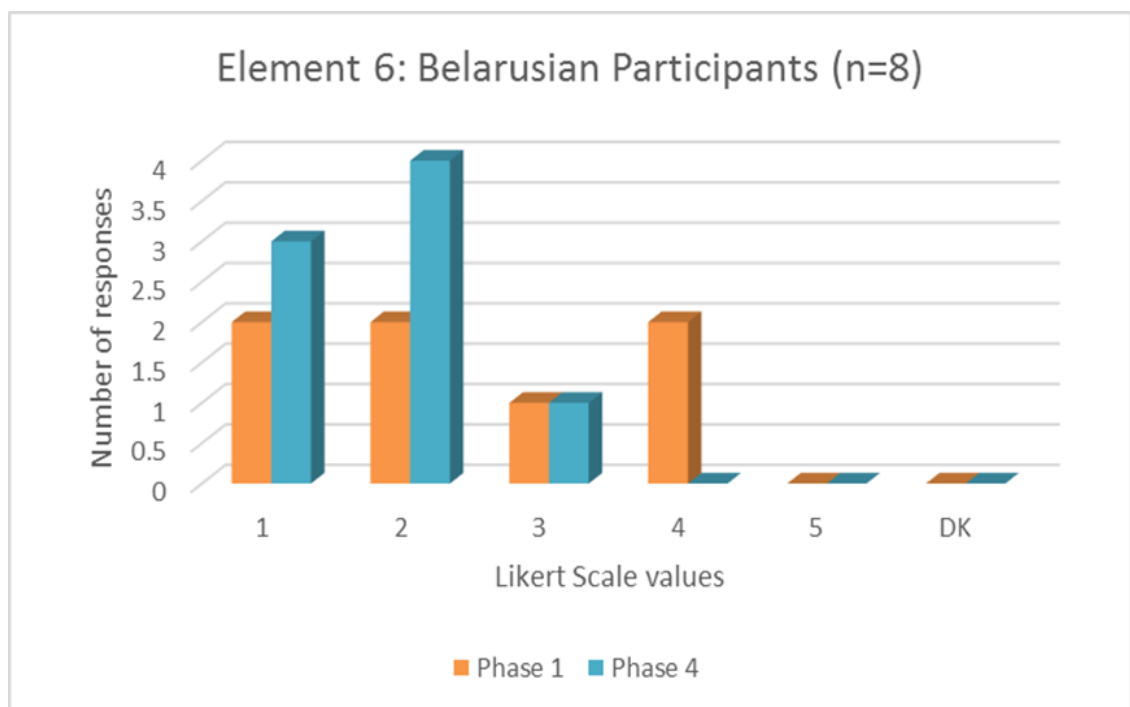
7.2.6 Element 6: Is able to time and pace musical responses appropriately.

Element 6 required the adult to be able to show an awareness of timing and pace in adapting their musical responses flexibly to those of the child. As well as waiting for and following the child's initiations, the adult would allow time to assimilate the child's responses.

Belarusian participants

Figure 7:11 shows a combined increase in higher values (1,2) of thirty-eight percent in quantitative data returned by Belarusian participants (n=8) in respect of Element 6 post-intervention. There is an eighty-eight per cent majority of these higher values in [Phase 4](#).

Figure 7:11 Comparative distribution of quantitative results Element 6 – [Phase 1](#) and [Phase 4](#)



This indicates development in participants' self-assessed awareness of timing and pace in the musical interaction with the child following learning and experience gained during Phases 2 and 3. Twenty-five per cent of participants marked value 4 (disagree) in Phase 1 – evidence perhaps of a degree of awareness of when timing and pace were not considered. As fifty per cent of participants self-rated this element at value 2 (agree) in Phase 1, it is striking that corresponding qualitative data did not evidence consideration of the adaptation of the timing of musical responses flexibly to those of the child (table 7:7). This suggests that the meaning of this concept was unfamiliar prior to the learning undertaken in Phase 2. Pacing a musical interaction requires the adult to wait for the child's responses, and Phase 1 data from Element 4 showed that this too was a relatively new concept in the context of usual classroom practices.

In [Phase 4](#), P9 explained: "Because it is all one hundred percent different from what we were doing before. Not a single teacher will start a lesson with silence." P5 aimed to show SD that she wanted to communicate with him without "imposing" her own pace: "The most difficult thing was actually to stop myself from moving, to tune myself to the child and to start moving in the way that the child suggests." P9 found that pacing musical contact became more difficult when AL displayed aggressive behaviours, because safety rightly then became her prime concern. P3 discovered that changing her approach in musical interaction with IY helped with the management of severe physical symptoms of cerebral palsy experienced when he excitedly strove to play the drum: "And that was the time when I used the pause, when I saw that he was starting to sweat because of all the tension ... I will lower the air [a fan] on him, he would calm down and we would go on."

Table 7:7 Element 6: Integrated qualitative data summary

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No. with theme	Qualitative Data: Belarusian Staff Participants	No. with theme	
			Qualitative Data: UK Music Therapist Participants	Clips Discussed	Qualitative Data: UK Music Therapist Participants	Clips Discussed	
Waiting, Listening, and Looking		6. Is able to time and pace musical responses appropriately	No data.	0/8	<ol style="list-style-type: none"> 1. Observing the child's responses enabled the adult to pace the interaction. 2. Child and adult were able to work out together the optimum pace of the musical interaction. 3. Adjusting the timing of movement to that of the child was described as "difficult". 4. Considering pace was helpful in supporting the child's physical self-management. 5. Pacing the interaction was much more difficult when the child displayed aggressive behaviour. 	5/8	
			<ol style="list-style-type: none"> 1. In 3 clips most participants agreed that the pace of the adult's response was too fast. 2. In 1 clip, where the adult interrupted the child, the child stopped playing. 3. Waiting reduces during the course of 2 clips. 4. In 4 clips appropriate pacing and timing of responses was attempted. 5. In 2 clips the pacing of responses was dictated by the adult's own musical agenda. 6. In 1 clip, the adult is described as not listening, and not responding to the child. 	8/8	<ol style="list-style-type: none"> 1. In 7 clips, most participants felt that the timing and pace of most of the adult's responses were now appropriate. 2. In 7 clips, most participants described the adult as able to support and encourage musical responses from the child without overwhelming them. 3. In 1 clip one participant felt that the adult was less able to pace her responses such that she overtook the child. 4. In 1 clip one participant felt that too many musical cues from the child were missed, despite an overall good attempt to time musical responses appropriately. 5. In 6 clips a need for more space in the interaction was observed. 	8/8	

P4 and P7 found that waiting and allowing space supported child and adult to work out the timing of the interaction together. P4 explained: “Sometimes I have the impression that I am giving [SP] space and [SP] is giving me space and we are looking at each other, waiting – who will out-wait the other one?” Carefully observing autistic SA’s ability to tolerate sounds supported P7 to pace her musical responses to him. She described early sessions in which SA could not manage her singing: “If I started to sing he would close his ears ... I tried to be very curious as to what SA would do next.”

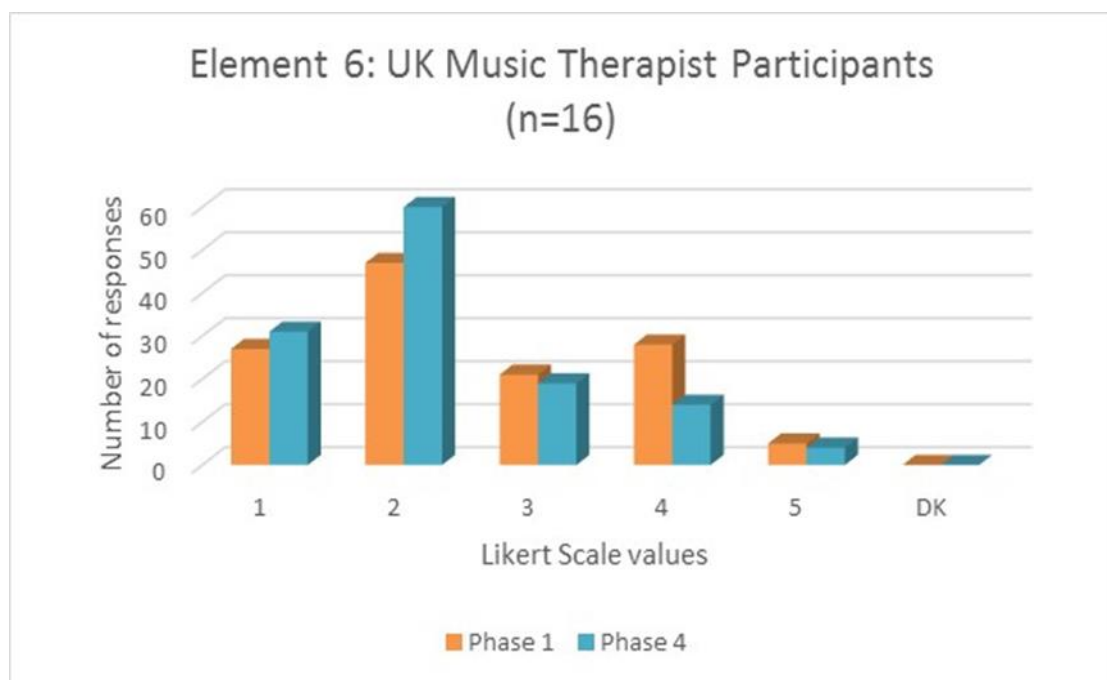
UK participants

Figure 7:12 evidences a small combined increase in higher values (1,2) of thirteen per cent post-intervention in quantitative data returned by UK music therapist participants (n=16) in respect of Element 6. Fifty-eight per cent of participants positively assessed Belarusian practitioners’ capacity to appropriately time and pace the musical interaction in accordance with the child’s needs as shown in [Phase 1](#) video clips. This finding is partly explained by corresponding qualitative data which described attempts to adapt to the child’s musical pace. However, most participants agreed that consideration of timing was either absent or too fast.

The need for more waiting for the child’s responses was identified in seventy-five per cent of clips, which supports the previous suggestion that timing and pace in the interaction requires the ability to wait and to allow space for the child. Initially appropriate timing in the musical exchanges between two adults and children was observed to deteriorate as the clips progressed. Of one, a UK participant explained: “She waits for the child in the

beginning but from then on their playing is mostly simultaneous rather than having elements of give and take.” Of a further Belarusian adult, another said: “Had a tendency to jump in a little early I felt, but was trying to pace.” Two other Belarusian adults were also each described by one participant as too eager to facilitate musical contact, which, in one case, caused the child to disengage.

Figure 7:12 Comparative distribution of quantitative results Element 6 – Phase 1 and Phase 4



Three adults were mainly assessed by UK participants as *not* responding to the timing of the child’s responses. One appeared to be “encouraging the child to play at certain times and in a certain manner”. While acknowledging the challenge of the child’s fleeting musical responses, one UK participant noted that the Belarusian adult continued with her own musical motif instead of responding flexibly to his sounds. Similarly, while another

“tried to play the temple blocks sensitively with the child”, she was also felt to neither listen nor provide space for the child. They seemed each to be “doing their own thing”.

A minority of participants presented contradictory viewpoints. Although mainly felt to be directing the child, one participant said of a Belarusian adult: “Appears attuned to the quality of the child's musical interaction.” Another was also felt by one to demonstrate: “Nicely paced turn taking.” Although a further adult’s timing in response to the child was “a bit quick”, two participants surmised that this fast pace appropriately invited and maintained the child’s engagement. Although the pace of another musical interaction was similarly described as “quite fast-paced”, another participant said that “the energy felt right.” Two participants agreed that there were “moments of quiet and waiting for the child to respond” in one Belarusian adult’s musical interaction with the child, which supported a third comment that the “timing of sounds seems tuned into movement responses from child.”

The quantitative data (figure 7:12) shows a seventy-one per cent majority of higher rated values (1,2) in [Phase 4](#) in respect of Element 6. This is supported by corresponding qualitative results in which most UK music therapist participants agreed that eighty-eight per cent of video clips (n=8) evidenced appropriate and sensitive timing and pace of instrumental and vocal responses with space for the child to respond. Participants observed a significant change in one Belarusian adult’s capacity to follow the changes of pace in the child’s presentation. One commented: “Matches the child but doesn’t necessarily mimic, this facilitates space for the interactions to emerge.” One participant agreed with another adult’s self-assessment: “The adult gives appropriate space for the

child to move in and out of interaction as needed.” A further adult’s singing was described as providing “a sense of security and calm”, together with a timely, imitative response to the child’s shaker play with corresponding rainstick sounds which sustained his attention. Seven participants commented positively on one adult’s increased capacity to time vocal responses to the child’s contribution. One identified: “Some lovely moments of vocal interaction, and musical matching, while still allowing the child space to initiate play.” Three further adults were described as encouraging musical communication without overwhelming the child and as able to facilitate and to share mutually responsive connections.

A small minority of UK participants felt there should be more space in the musical interaction in seventy-five per cent of video clips. A response to one case suggested: “There were times when more space should have been left, and the child could have had the opportunity to lead the activity.” In 2 clips one participant observed missed communicative cues from the child, and in another 2 examples the adult’s musical responses were viewed as too quick, and thus overpowering. For example, in one case, three participants found the timing of interaction in drum play between the adult and the child to be mis-attuned: “Within the drumming interaction she seems to overtake the child with her response on the drum. The child does not ever completely finish her pattern before the practitioner jumps in to join.”

Core Element 3: Matching and Adapting

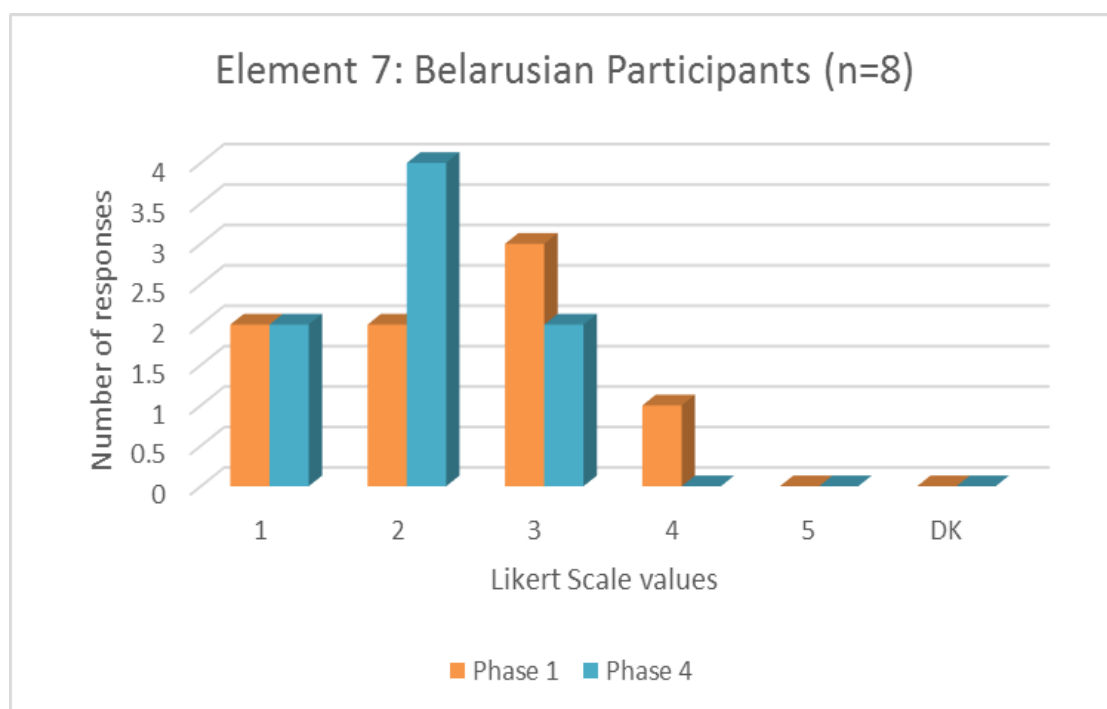
7.2.7 Element 7: Responds sensitively to all communications from the child, musical and non-musical.

Element 7 of the evaluation instrument required the adult to be able to remain attentive to the child, and to recognise and sustain capacity to respond to all his or her communicative attempts, including gaze, movement, silences, instrumental and/or vocal sounds.

Belarusian participants

Figure 7:13 shows a twenty-five per cent combined increase in higher rated values (1,2) post-intervention in quantitative results returned by Belarusian participants (n=8) in respect of Element 7.

Figure 7:13 Comparative distribution of quantitative results Element 7 – **Phase 1** and **Phase 4**



There is a sharp rise in value 2 (agree) in [Phase 4](#), indicative of self-assessed positive development in capacity to remain attentive and respond sensitively to the child. Figure 7:13 also shows that fifty per cent of Belarusian participants (n=8) self-rated higher values (1,2) in [Phase 1](#). This is supported by corresponding qualitative data in which sixty-three per cent of participants described one example from the pre-intervention session which evidenced a momentary sensitive response to the child's musical and/or non-musical communication. P7 said: [I] tried maracas, which [SA] didn't like at all. And then [I] tried the xylophone ... You could see he felt discomfort and tried to close his ears." Becoming aware of the child's negative response prompted P4 to stop singing an expected children's song and to creatively initiate a pop song suggested by SP's mother.

Four participants outlined ways in which sensitive responses to the child's musical and/or non-verbal communication resulted in a short interaction. P3 responded to KD's apparent invitation, through eye contact, to join him at the temple blocks where they briefly played together. While experimenting with vocal pitch in response to SK, P10 observed; "he was better reacting with his legs to the lower pitch and then [I] started using the lower pitch of the voice to match the sound of the bells on his leg." Noticing, and then imitating SD's drumming of his fingers on the piano enabled P5 to experience momentary music interaction with him. P7 recognised SA's interest in a xylophone, and repeated his sounds which enabled communication to develop.

The quantitative data (figure 7:13) evidences a seventy-five per cent majority of higher rated values (1,2) in [Phase 4](#) in respect of this element. This is supported by related qualitative data, in which eighty-eight per cent of participants were now able to describe

responding sensitively to the child's presentation as a general tenet of music sessions, rather than as an isolated occurrence. P10 now understood and responded to AT's screaming as a communication of anxiety as a physical position conducive to independent access of the instruments was sought. P3 noticed IY's very positive response to playing bells, and used a corresponding instrument to support both his sound choice, and his energy. For P5; "communication actually started when [I] started rocking with him [SD] together. It just established some kind of connection – invisible." P9 explained her physical imitation of the rhythm of AL's gait "to understand what it really means", which enabled sustained interaction. "She [AL] continued to play and she continued communicating ... Before, if [I] started doing something together with [AL] ... she would drop it."

Participants described gaining confidence in using their voices musically. P8 explained: "And I finally started ... responding musically. The first time [Phase 1] I actually didn't do it at all. When you understand that it works and you start working with the child, you do start singing!" In Phase 1, P9 had expressed feeling overwhelmed by AL's aggression (Chapter 6 p. 239). In Phase 4 she said:

I was trying to create the voice cocoon around her [AL]. And I actually found something in my voice; some tunes in my voice that helped her calm down. And ... the aggression was fading and ... I think it has taught me to cope with the child's aggression.

P7 similarly felt that noticing and singing about SA's movements and use of instruments, for example, "S is rocking", supported his understanding that she was attentive and listening to him (Chapter 6 p. 231).

Table 7:8 Element 7: Integrated qualitative data summary

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Interviews: Key Findings Belarusian Staff Participants	No.	Qualitative Interviews: Key Findings Belarusian Staff Participants	No.	
Matching and Adapting	7.	Responds sensitively to all communications from the child, musical and non-musical.	<ol style="list-style-type: none"> 1. One participant described a shift from leading to repeating the child's sounds, leading to communication. 2. Participants described changing their instrument, or way of singing according to the child's response. 3. Participants thought about trying to follow the child. 4. One participant responded to the child's choice of instrument, and non-verbal invitation to play it with him. 	6/8	<p>Participants described:</p> <ol style="list-style-type: none"> 1. Responding to the child's musical and non-musical communication, which facilitated sustained, stable musical interaction and creativity. 2. Gaining confidence in singing and vocalising in response to the child's vocal sounds. 3. Using improvised sung commentary to communicate awareness of the child's actions, which facilitated a change in attitude towards the adult. 4. The importance of simultaneously mirroring the child's accompanying facial expression, and movements. 5. A shift from seeking to calm the child's emotional responses, to trying to understand them and to respond accordingly. 	7/8	
			Qualitative Data: UK Music Therapist Participants	Clips discussed	Qualitative Data: UK Music Therapist Participants	Clips discussed	
			<ol style="list-style-type: none"> 1. In 6 clips the adult was described as available and responsive, but sometimes missing non-verbal and/or musical cues. 2. 3 clips showed some positive and responsive use of the voice. 3. In 2 clips the adult was described as imposing her own ideas. 	8/8	<ol style="list-style-type: none"> 1. Most participants reported sensitive responses to musical and non-verbal cues. 2. Adults aimed to use responses simultaneously; eye contact, improvised singing, rhythm and movement. 3. Improvised singing is positively described in 6 clips. 4. In 5 clips the adult was described by some participants as continuing to miss some cues, and pacing responses too quickly. 	8/8	

Three participants highlighted the importance of eye contact and facial expression in responsive interaction with the child. P1 explained: “I was smiling first, he smiled in response, then he [MD] started smiling and waiting for me to smile.” P9 described autistic AL’s extraordinary seeking and sustaining of eye contact with her. Similarly, P5 observed SD’s new ability to sit with her and to share visual contact.

UK participants

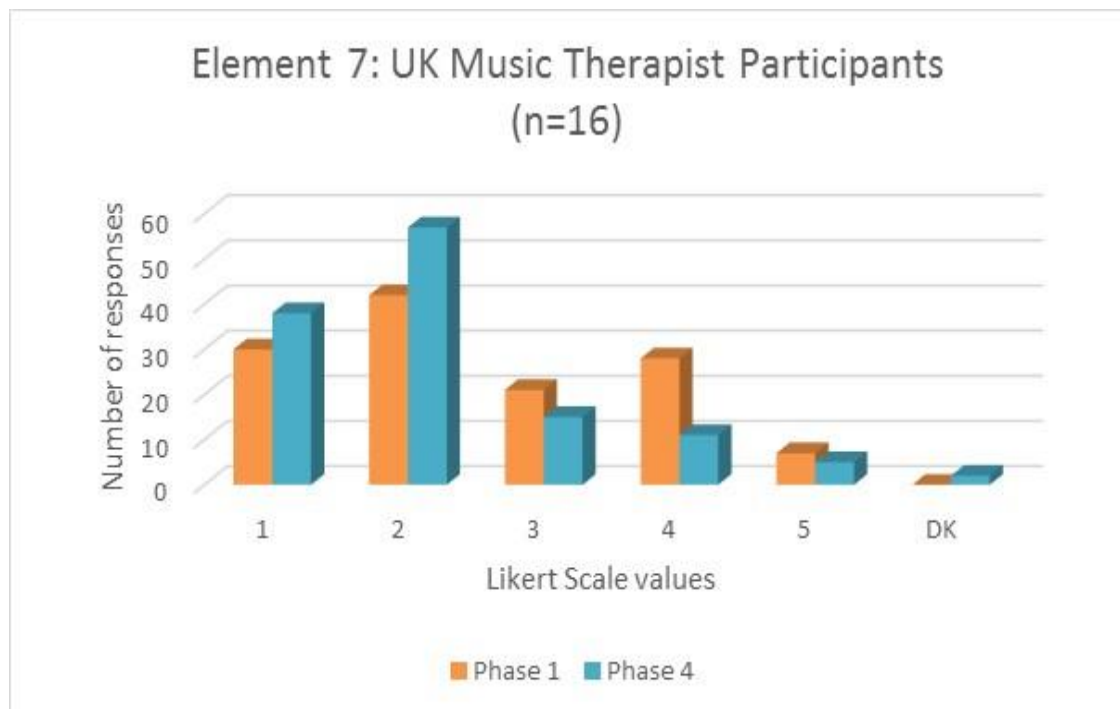
Figure 7:14 shows an eighteen per cent combined increase in higher values (1,2) post-intervention in quantitative data returned by UK music therapist participants (n=16) in respect of Element 7.

Opinion was divided in participants’ assessment of Belarusian practitioners’ capacity to remain attentive and respond sensitively to the child’s musical and non-verbal communication in **Phase 1**, where higher values comprised fifty-six per cent of the data set. This finding is supported by qualitative data relating to seventy-five per cent of video clips (n=8). The adult was described as available and responsive by some participants, while others noted missed musical and non-verbal cues from the child.

In **Phase 1**, while most agreed that one of the Belarusian adults demonstrated “wonderful turn-taking” and effective instrumental and vocal imitation in musical communication with the child, one UK participant felt, conversely, that some of his responses were missed and that the adult became increasingly absorbed in trying to re-engage him. Another was thought, by one participant to be “better at responding sensitively to the

non-musical cues than the musical ones” and, by a second, as pre-empting non-verbal cues, despite appearing to closely observe the child’s responses.

Figure 7:14 Comparative distribution of quantitative results Element 7 – Phase 1 and Phase 4



Some participants noted that one Belarusian adult’s position behind the child meant that subtle communication was missed. However, others observed her to be “clearly following the movements and facial expressions” of the child, and creating “a lovely turn-taking pattern” with some of his musical and non-verbal communicative gestures. Likewise, another adult was felt by some UK participants to know what the child needed in terms of musical responses to her movements, and by others to misinterpret some non-verbal communication. The musical connection between a third adult and child was described as difficult to sustain by one participant while another observed: “Joining the child by playing the wood blocks with her hands showed they were on an equal level.”

Three video clips were described as evidencing the adult's responsive use of the voice. Of one, a UK participant said: "The adult encourages the child vocally, with gentle sung words and phrases, and this captures the child's attention, drawing them back in to musical interaction at an appropriate level for them."

One Belarusian adult was again felt to impose her own ideas on the musical interaction with the child, rather than respond sensitively to his contribution, and some of his communicative attempts were missed. Similarly, another was mainly described as "too focused on her own playing" and as lacking connection with the child. While the adult herself thought that she had responded sensitively to a non-verbal invitation to play the temple blocks with him, participants saw a "quite firm suggestion" that this instrument be used. Two participants disagreed, perceiving her to be attentive and gently encouraging rather than directive.

The quantitative results (figure 7:14) evidenced a seventy-four per cent majority of higher rated values in [Phase 4](#), corroborated by qualitative data in which most participants reported sensitive and appropriate responses from the adult to the child's even very small musical and non-verbal cues in the corresponding video clips. Of one musical interaction, a UK participant said: "Following the [child's] response to the wind chimes there is continued singing [from the adult], with a little more wind chime - really lovely."

All 8 Belarusian adults were described by at least one UK participant as generally "aware", "attentive", "sensitive" or "responsive" in their musical interaction with the child. Two were described as appearing "attentive to many of the rhythmical and dynamic flavours

which emerge and ... attuned to levels of intensity in the interactions." A mutual "great feeling of warmth and enthusiasm" was observed by one participant in the vocal exchange between another Belarusian adult and child. A further adult's P7's self-assessment of her vocal responses to the child's contribution (p. 294) was supported by a UK participant who observed that she was: "Able to adapt, moving an instrument at one point and in the process facilitat[ing] potential connections to emerge."

In keeping with Belarusian participants' self-assessments, the importance of the responsive use of voice in facilitating musical contact between child and adult was highlighted by UK participants in seventy-five per cent of video clips (n=8). Three adults were viewed as particularly musically responsive to the child's movements. One was observed to "illustrate his [the child's] movements with her shaker playing." Another agreed with the Belarusian adult regarding the positive use of eye contact in supporting musical connection.

A minority of participants said that musical and non-verbal cues from the child were missed in 5 video clips: "I felt there were some communications from the child that [the adult] could have picked up on and made more playful. The 'blowing raspberry' onto the drum for example." One participant disagreed with otherwise positive comments in stating that one adult did not appear to respond to the child's sounds and movements. Another suggested that "more could have been explored" if a further adult had used her voice to respond to the child's spontaneous initiation of brief closer physical proximity.

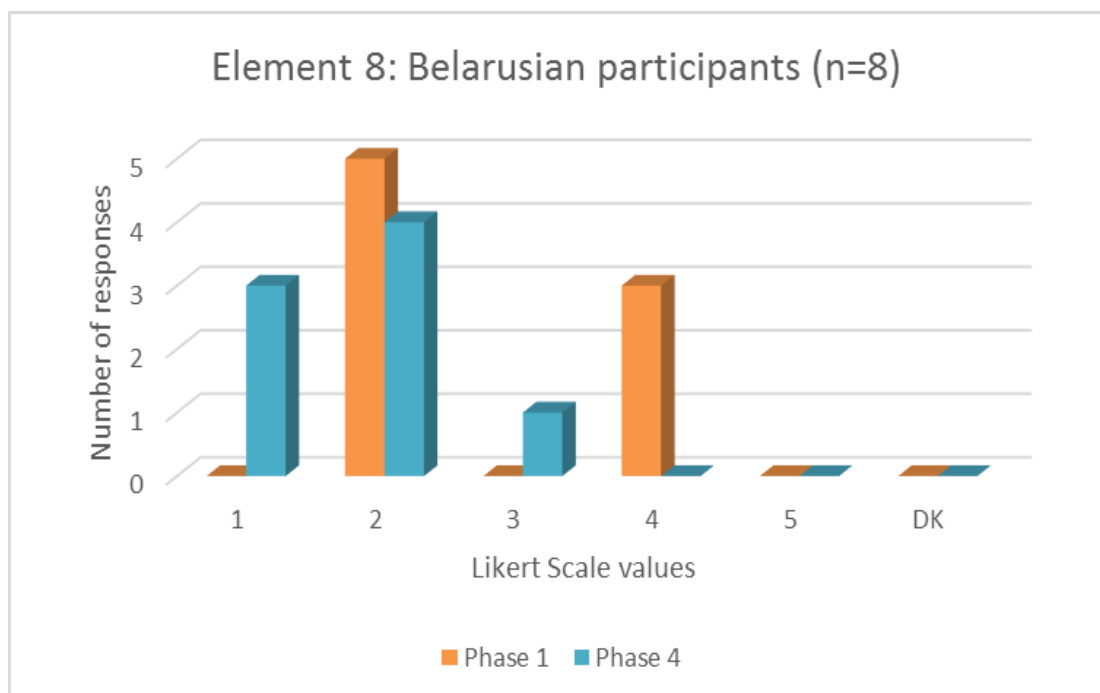
7.2.8 Element 8: Matches musical elements with the voice and/or an instrument

Element 8 required the adult to be able to match the child's sounds and musical ideas with their own; in terms of sound quality, pitch, loudness, duration, shape and intensity.

Belarusian participants

Figure 7:15 shows a twenty-five per cent combined increase in higher rated values (1,2) post-intervention in quantitative results returned by Belarusian participants (n=8) in respect of Element 8. There is a tendency for these higher values to replace lower in [Phase 4](#), indicating self-assessed positive development in participants' capacity to musically match the child's sounds. However, figure 7:15 also evidences seventy-five per cent of participants self-rating positively in [Phase 1](#).

Figure 7:15 Comparative distribution of quantitative results Element 8 – [Phase 1](#) and [Phase 4](#)



This is partly illuminated by corresponding qualitative data (table 7:9) in which thirty-eight per cent of participants identified *momentary* matching of the child's musical and non-musical contribution. P8's stated aim was that MZ would choose an instrument and she would "then do the matching music." P8 also thought that "working in the same rhythm" with MZ was inspiring for the child, noticing that she maintained eye contact during the musical interaction. P10 experimented with her voice to find a pitch which would match SK's playing of bells (section 7.2.7).

Of the musical interaction with SP, P4 said: "I probably should have used more wood than brass with her ... The wood is kind of softer and ... quieter, and the metal things, they are brighter and loud, and probably didn't quite correspond to what she felt today."

Quantitative results evidence an eighty-eight per cent majority of higher rated values post-intervention in respect of Element 8. This is endorsed by corresponding qualitative data, in which sixty-three per cent of participants was able to detail matching specific musical elements of the child's contribution *within a sustained interaction* in Phase 4.

Matching the child's vocalisations and non-verbal communication with non-verbal improvised singing was highlighted as effective in establishing and maintaining musical communication. P8 explained that tuning in to MZ's vocalisations and singing together with her "actually let her understand that we were on the same wavelength, we were doing the same thing and that that worked." P9 described learning to "vocalise properly" to match autistic AL, who was sensitive to the minutest changes in her vocal quality.

P3 and P10 became aware that matching the individual child's contribution using the

Table 7:9 Element 8: Integrated qualitative data summary

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
			8. Matches musical elements with the voice and/or an instrument 1. Matching the child's rhythm and sustaining visual contact facilitated musical communication. 2. One participant described experimenting with vocal pitch to meet the child's instrumental sounds. 3. One participant's instrumental sound quality didn't match how the child was feeling.	3/8	Participants described: 1. Finding it easier to match the child musically. 2. Aiming to musically build on stereotypical gestures of the autistic child. 3. Difficulty in matching movement and voice together. 5. Matching the child's musical communication as helping the child to physically relax and to begin to vocalise. 6. The importance of vocal quality in meeting the child's emotional state. 7. Matching musical elements working well in establishing communication.	5/8	
			Qualitative Data: UK Music Therapist Participants	Clips discussed	Qualitative Data: UK Music Therapist Participants	Clips discussed	
			1. In 2 clips the adult was described as more able to match elements with instruments than voice. 2. <i>Moments</i> of matching of instrumental and/or vocal sounds was reported in all clips; 1 appeared coincidental rather than adult's conscious decision. 3. In 2 clips connection with the child through matching was difficult to sustain. 4. In 1 clip the adult's responses are "overpowering". 5. In 1 clip the adult mis-attunes to the child.	8/8	1. In all clips at least one participant positively commented upon the adult's vocal matching of musical elements in terms of warmth, sensitivity, speed, phrase shape, tonality, sound quality and energy. 2. In 1 clip vocal matching was described as facilitating play to emerge. 3. In 4 clips the adult was able to use a combination of voice and an instrument to match elements of the child's musical contribution. 4. In 3 clips the adult created a "lovely combination" of sounds in their musical matching using voice or an instrument. 5. In 2 clips the musical interactions are described by a minority of participants as "disconnected". 6. In 2 clips that the adult was responding to the child's sounds was unclear to a minority of participants.	8/8	

voice supported a decrease in physical tension and anxiety. P3 realised: “[IY] started singing along with me, effectively. He was actually making sounds with his voice ... you can see how ... communication through music helps him to relax.” Twyford (2008) found that music therapy could support physiotherapy with children with complex needs, as music promoted relaxation in body tone (p. 53). P10 stated that singing non-verbally with AT was important in reducing the child’s anxiety, and the overall tension in the session.

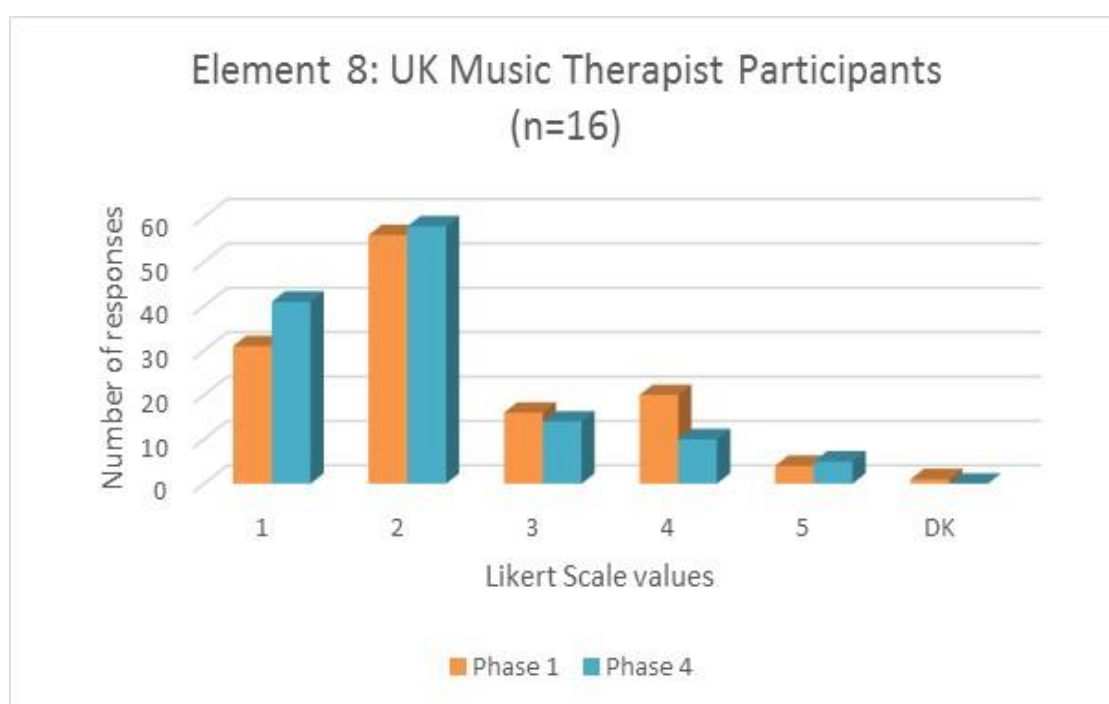
P8 and P9 acknowledged the difficulty of trying to match different elements of the child’s presentation simultaneously. P8 contrasted this approach with traditional classroom practice: “It was quite difficult to make oneself follow the child and all the vocalisations, imitating the movements, imitating the voice, imitating everything: matching was difficult. Because the normal course of the [music lesson] is: you are singing the song, everyone has to follow.” P9 felt that understanding and matching the child’s instrumental and vocal sounds as communication of her feeling state was “immensely difficult”, because she had previously aimed to “scale [AL’s] emotions down because we thought they would interfere.” P7 realised that initial challenges in matching elements of SA’s contribution had occurred as part of the overall difficulty of establishing communication with him. She agreed with P9 that learning how to recognise and respond to the child’s non-verbal communication had made this easier.

UK participants

Figure 7:16 shows a small combined increase of nine per cent in higher values (1,2) post-intervention in quantitative data returned by UK music therapist participants (n=16) in

respect of Element 8. In common with the integrated results of Belarusian participants, this finding is partly explained by corresponding qualitative data. Although the adults were largely assessed as being able to match the child’s musical gestures in both phases, a distinction was made between momentary matching, which was difficult to maintain in **Phase 1** and sustained simultaneous matching of a number of musical elements in the child’s contribution in **Phase 4**.

Figure 7:16 Comparative distribution of quantitative results Element 8– **Phase 1 and **Phase 4****



Comments relating to Element 8 were relatively few for **Phase 1**. At least one participant noted matching of musical elements in the child’s contribution by the adult in all 8 video clips, although, of one adult, one participant observed: “Starts woodblocks with brisk pattern that could have been intended to mirror child's castanet rhythm, but may not have been conscious.” A second remarked upon another Belarusian adult’s “intuitive

laughter responses to child's pleasure" while another noticed the use of "splashes of drumming" in a further adult's response to the child's musical gestures. In respect of one music interaction a participant expanded: "There is a second of sounds being matched at the end but I feel that it is the child matching the adult rather than the other way around."

More positively, one participant noted that one adult "put the mallet down to play with her hands like the child." A second adult was observed to have sensitively matched the sound quality and volume of the child's sounds, but this was not sustained.

Unsurprisingly pre-intervention, and for a non-musician, some participants observed that another did not seem aware of the range of musical elements.

Opinion was further divided in relation to 4 clips. Two adults were said by one participant to be "stronger with instruments than the voice", although examples were not given.

One Belarusian adult was described both as having struggled to sustain a musical connection with the child, and as having made a positive decision to "follow using a different instrument." One UK participant noted that a further adult "made effective use of her soothing singing", while another felt that her musical responses did not match those of the child. Another Belarusian practitioner was regarded as "overpowering" rather than matching the child's contribution, while two participants felt that she matched "the rhythm and intensity of the child's use of the ocean drum", and demonstrated occasional appropriate vocal matching.

Quantitative results pertaining to this element (figure 7:16) evidence a seventy-seven per

cent majority in higher rated values (1,2) in [Phase 4](#). This finding is supported by corresponding qualitative data in which at least one UK participant commented positively on the adult's capacity to match musical elements of the child's contribution in all video clips (n=8). Of one adult, a UK participant said: "The vocal sounds and drumming seemed well matched to the sounds that the child was making". Belarusian practitioners' use of vocal matching was particularly highlighted in terms of warmth, sensitivity, speed, phrase shape, tonality, and sound quality. Two participants felt that the quality of one adult's vocal response matched the child's vocalisations well, and noted that the voice was also used to match her tongue movements. In 4 further clips, effective use of voice and an instrument together to match the child's contribution was observed. One adult's use of her voice and a shaker to match the intensity of the child's play was described by two participants as supporting him to engage in interaction. Similarly, another was found by one UK participant to have made: "Good use of voice in providing support and encouragement and [to have] made instruments accessible to the child for him to respond musically". Another noted that, although insufficiently vibrant, a Belarusian adult "did match the upbeat nature of the young person's response through the tonality and bouncy nature of the melody she was singing". Matching the child's vocalisations was found to have facilitated play in one case, and "allowing the child to lead the interaction, moving at [his] pace, and matching musical elements of [his] play" in a second.

In 4 clips, a minority of participants disagreed, stating that the musical threads of the interactions between adult and child appeared disconnected, or that whether the adult was responding musically to the child's sounds, or trying to elicit a response was unclear.

One adult's vocal and instrumental contributions were described by a UK participant as "not quite attuned", while another said: "Initially the adult used her voice appropriately, but then when the child began vocalising the adult missed the opportunity to engage vocally with her". Another's attempts to match the child's sounds were observed, but such opportunities were missed through too great a focus on her own musical material.

7.2.9 Element 9: Is able to expand on the child's own ideas using voice or an instrument.

Element 9 required the adult to be able to expand on the child's ideas creatively and flexibly, encouraging the child to explore further within the musical interaction.

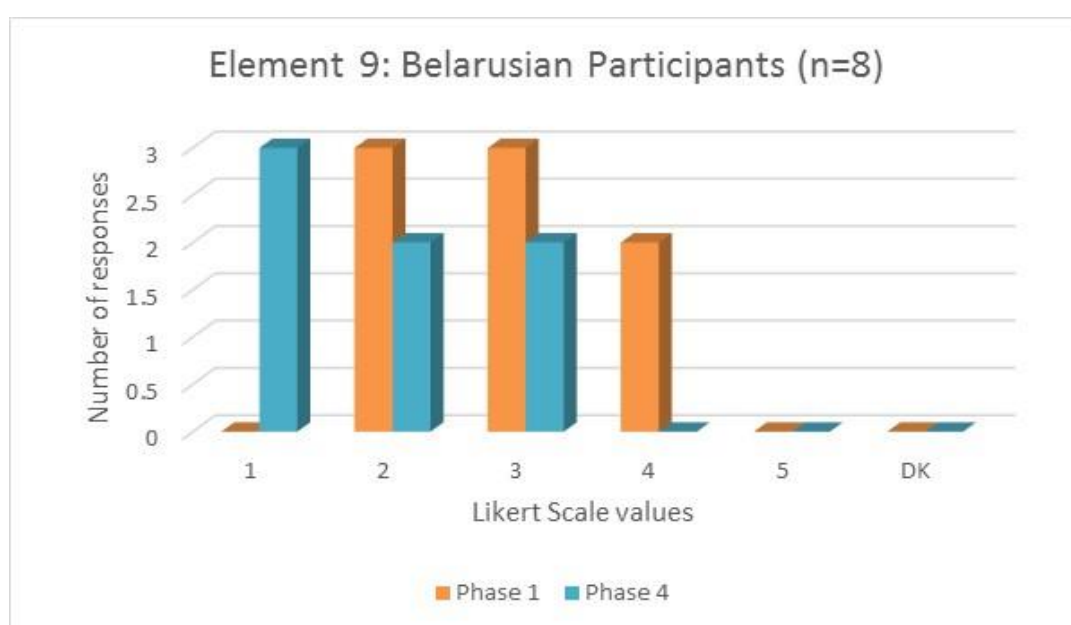
Belarusian participants

Figure 7:17. shows a twenty-five per cent combined increase in higher rated values (1,2) post-intervention in quantitative data returned by Belarusian participants (n=8) in respect of Element 9. Thirty-seven per cent of participants self-rated positively (value 2) pre=intervention. This is surprising in relation to corresponding qualitative data (table 7:10) in which only one participant alluded to creatively expanding on the child's idea in the **Phase 1** music session.

Knowing that autistic AL typically used repetitive movements of the same piece of rope as her favoured self-soothing mechanism, P9 decided to attach bells to this familiar object with the aim of creating an avenue for musical interaction. However, AL "absolutely openly showed to [me], 'that is something that I am used to doing, and I really don't want

to change it’’, giving P9 an early experience of recognising and responding to the child’s message through behaviour. That in **Phase 1**, Belarusian participants appeared not to fully understand what was meant by being able to expand on the child’s ideas creatively and flexibly is also potentially supported by the quantitative results (figure 7:17), in which thirty-seven per cent self-rated value 3 (neither agree nor disagree).

Figure 7:17 Comparative distribution of quantitative results Element 9 – **Phase 1 and **Phase 4****



Quantitative data in respect of **Phase 4** (figure 7:17) evidences a sixty-two per cent majority of higher rated values (1,2), which is largely not corroborated by corresponding qualitative results. While there was acknowledgement that the individual music sessions during Phase 3 had established a foundation from which routes for the child’s future development could be envisaged, specific references to the adult’s creative expansion of the child’s musical ideas remained isolated.

Table 7:10 Element 9: Integrated qualitative data summary

Increasing The Child's sense of Emotional Matching and Adapting	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
			1. One participant decided spontaneously to adapt something the child was using stereotypically into a musical instrument.	1/8	1. Three participants stated that their work with the child in music sessions during Phase 3 had established a foundation in terms of the relationship from which directions for ongoing development could be considered. 2. One participant described a musical example of the child's response leading to development in the musical interaction.	4/8	
			Qualitative Data: UK Music Therapist Participants	Clips discussed	Qualitative Data: UK Music Therapist Participants	Clips discussed	
		9. Is able to expand on the child's own ideas.	1. In all clips, there was little evidence of capacity to expand on the child's ideas. 2. In 2 clips the lack of expansion of the child's ideas was linked to insufficient waiting and allowing of space. 3. In 3 clips the adult was described as being at the beginning of being able to expand the child's ideas. 4. In 1 clip the adult developed the child's ideas through vocalisation, giving the child's playing form. 5. In 1 clip the improvisation was described as showing "a lack of connections in the interactions".	8/8	1. In 4 clips, at least one participant gives a musical example the adult's expansion of the child's ideas into new themes. 2. In 1 clip, the child's "minimal sounds" form the basis for a playful exchange. 3. In 3 clips the adult's use of their voice to respond to and/or expand on the child's ideas was highlighted. 4. In 3 clips, opportunities for expansion were missed. 5. In 2 clips participants observed that, as the child played little, there was less opportunity to expand on ideas.	8/8	

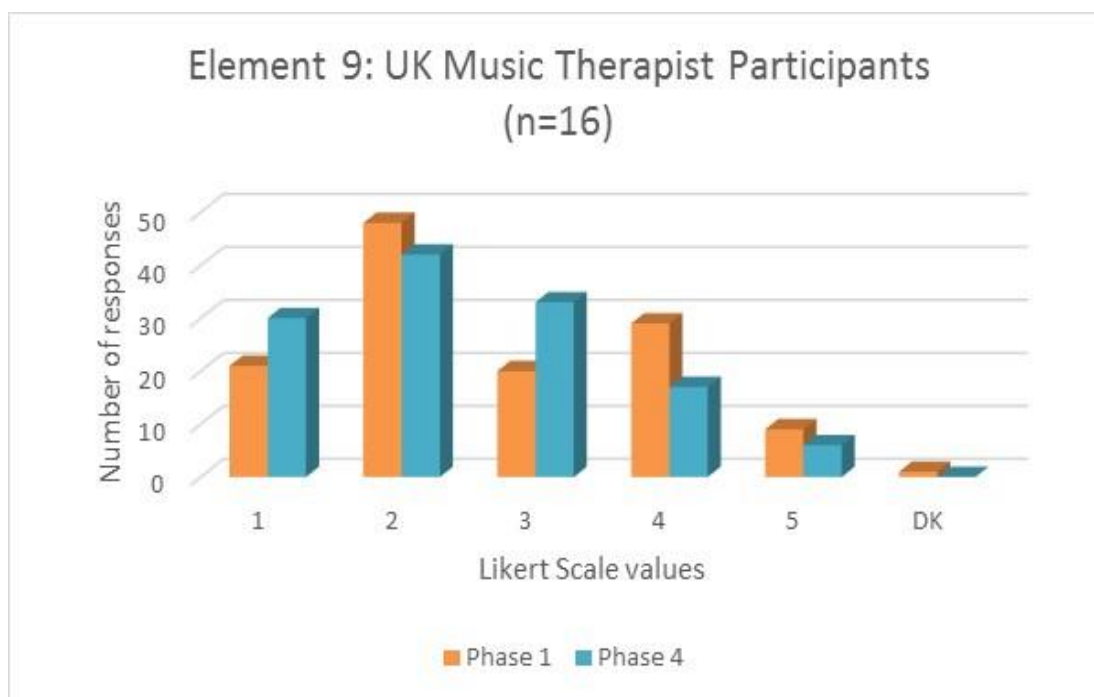
based on Winnicott's (1960) theory of holding supported her thinking about ongoing work with children with similar complex needs. P10 related her learning directly to music sessions with AT, explaining the importance of first establishing an emotional connection with the child to support musical play. P4 explained; "after we have tried tuning to the child, mirroring the child, being with the child ... It opens our ability to think about new things to do with the child." P9 gave a more specific example of building on AL's changing response to the adult's natural, non-verbal vocalisation "without melody, without tune". She felt able to introduce a lullaby about bears, whereas previously AL could not tolerate this kind of input. These results will be discussed further in Chapter 8.

UK participants

Quantitative results returned by UK participants (n=16) for combined higher rated values (1,2) in respect of Element 9 are virtually identical pre- and post-intervention, with just a two per cent difference (figure 7:18). The distribution curve is less steep than in previous elements, suggesting ambivalence on the part of participants as to development in Belarusian practitioners' capacity to expand creatively on the child's contribution in music sessions. This is supported by corresponding qualitative data in which the majority of participants found little evidence of the adult's capacity to expand on the child's musical ideas in all Phase 1 video clips (n=8).

One Belarusian adult was again described by two participants to be leading the musical interaction, and as having discouraged the child's idea to tap the ocean drum. Of two others, at least one participant noted a lack of direct contact and sense of connection (unspecified) between the adult and child.

Figure 7:18 Comparative distribution of quantitative results Element 9 – Phase 1 and Phase 4



Of another, a UK participant said: “She directed the child to the temple blocks rather assertively but it felt as if she was trying hard to engage him”. Other participants described moments in which 5 Belarusian practitioners had creatively expanded upon the child’s musical contribution, but with a caveat. In one case, a participant said: “I think this adult has a good musical presence and can expand ideas, her difficulty seems to be more in the direction of playing more minimally.” Another perceived another adult’s attempt to expand on the child’s musical idea at the drum as overwhelming, causing the child to push the instrument away. One participant gave a more detailed example: “The adult imitates the child's rhythm on a similar sounding instrument and they are then able to share this instrument together, expanding upon the child's initial expression.” A further Belarusian adult was noted by 3 participants to have added sounds and given form to the

child's playing and to have taken his vocalisation further in a responsive, repeated exchange.

Phase 4 quantitative results (figure 7:18) in respect of Element 9 evidence a fifty-six per cent majority of higher rated values (1,2). UK participants' qualitative assessments of the video clips (n=8) were similarly distributed. Positive developments were noted in terms of some Belarusian practitioners' capacity to expand creatively and flexibly on the child's musical contribution. In 4 clips, the adult was described as able to expand the child's sounds into a new musical theme. In a single example, one participant observed that the adult combined the speed, sound quality and phrase shape of the child's sounds into a playful musical gesture, offering new opportunities for connection, a second that her vocalisation was brought into a song, and a third that her sounds were developed into new themes. Another adult was described as able to imitate and embellish the child's vocal sounds and to weave these into the ongoing vocal improvisation.

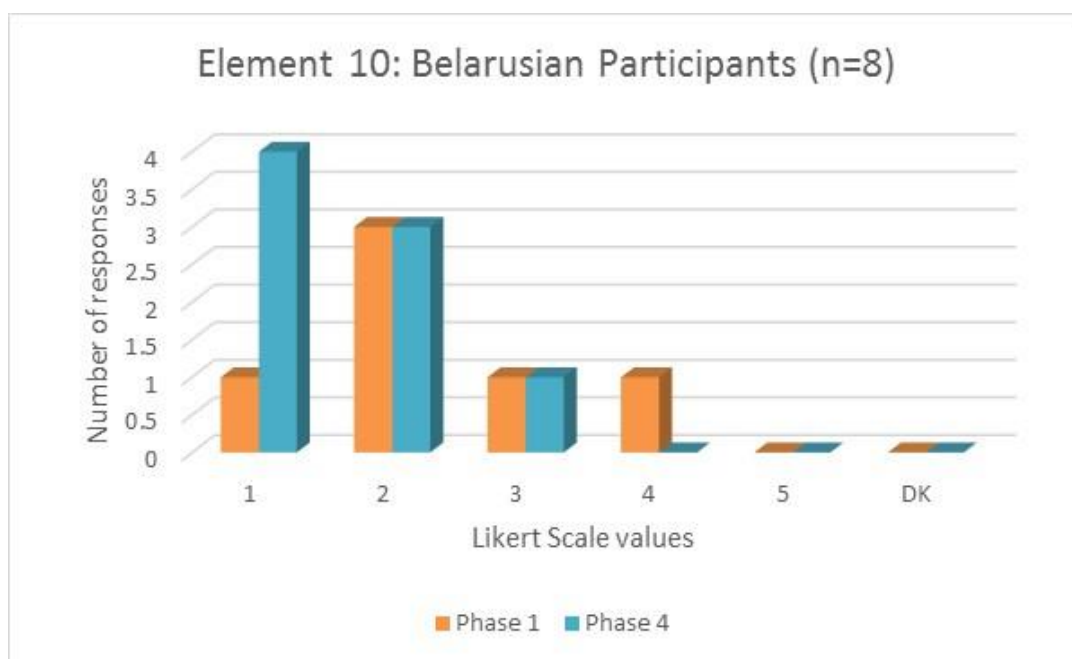
Although, in 3 clips, the child's musical contribution was deemed "minimal", of one Belarusian adult a participant said: "Takes child's minimal movements or sounds as starting point for a musical motif that might engage [the] child." That another was able to allow the child to choose a non-musical object and to support and encourage his non-musical play was noted. In 3 clips, at least one participant observed missed opportunities for expansion of the child's musical input. In one example, participants said that the interaction did not move forward beyond imitation and that she "seemed to miss the chance to engage with the child in developing her contributions". One participant felt

that, in another interaction, the child was impeded by insufficient space to “emerge in the interactions very much”.

7.2.10 Element 10: Playfulness

In Element 10 of the evaluation instrument, the child and the adult together would be able to enjoy creative and flexible musical play. Warmth, liveliness, fun, humour, give and take, trying things out, creativity, and challenge might all be part of this.

Figure 7:19 Comparative distribution of quantitative results Element 10 – Phase 1 and Phase 4



Belarusian participants

Figure 7:19 shows a thirty-eight per cent combined increase in higher rated values (1,2) post-intervention in quantitative data returned by Belarusian participants (n=8) in respect

of Element 10. All but one participant self-rated positively in [Phase 4](#), indicating that most participants felt that playfulness had developed in the musical interaction.

Sixty-three per cent of Belarusian participants (n=8) referred to musical play when commenting on their music session with the child in [Phase 1](#). Shared musical playfulness may be viewed as a culmination of the previous 9 evaluated elements and as such, there was a sense that participants could not yet understand how this might be experienced. Reflecting on the interaction with SA, P7 said: “And then, at the beginning, [I] repeated his sounds and then he started responding and repeating [my] sounds, so [I] realised that there was communication ... and now we know we can call it a play.” P8 commented: “[I] absolutely loved the moments of unity when [I] was playing the chimes and ... I was using the drums and it was fun for both of us. We were both enjoying it.” P9 described early potential for herself and AL to enjoy a new sense of freedom through playful musical interaction as “liberating”. This finding is supported by McConkey (2006), who likens the freedom of both participants to control and vary the development of the play to a musical performance (p. 8).

P5 made the distinction that: “[SD] didn’t initiate anything, but he just allowed ... himself to be a little bit playful. It wasn’t the complete readiness for play.” Eighty-eight per cent of participants (n=8) described sharing musical play with the child in [Phase 4](#). P8 highlighted: “That we worked together, we played together, there was a visual contact, and we did it together. Because before, it would never have happened ... [MZ] would be just walking around and probably touching the musical instruments, but not with me.” P7 added: “We both felt it, we both understood it, we were playing together.”

Table 7:11 Element 10: Integrated qualitative data

Increasing The Child's sense of Emotional Safety	Core Element	Element Rated	Phase 1: Pre-Intervention		Phase 4: Post-Intervention		Balancing the Child's Emotional Arousal Level
			Qualitative Data: Belarusian Staff Participants	No.	Qualitative Data: Belarusian Staff Participants	No.	
	Playfulness	10. The adult and the child together are able to enjoy creative and flexible musical play.	<ol style="list-style-type: none"> 1. One participant described mutual fun, humour and enjoyment experienced in musical play with the child. 2. One participant described the child as allowing himself to be a "little bit playful". 3. One participant described experimenting with instruments as "fun". 4. One participant described a new sense of freedom in the musical experience with the child. 	8/8	<ol style="list-style-type: none"> 1. Seven participants and children were able to share enjoyable musical play. 2. Playfulness was understood by adult and child. 3. Musical play was described as "absolutely different" from traditional approaches. 4. Two participants emphasised the importance of the emotional connection with the child in facilitating shared musical play. 5. The child liked to be played <i>with</i>, and this helped to sustain the interaction. 6. One participant felt that the child wanted to play because he initiated the interaction. 7. Participants described pleasure in response to the child's genuine smiling response 	7/8	
			Qualitative Data: UK Music Therapist Participants	Clips discussed	Qualitative Data: UK Music Therapist Participants	Clips discussed	
			<ol style="list-style-type: none"> 1. Markedly different opinions regarding playfulness in each video clip. 2. In 7 clips at least one participant observed brief moments of shared play. 3. In 3 clips these moments appeared difficult to sustain. 4. In 2 clips interaction appears mainly adult-led. 5. In 3 clips there was <i>potential</i> for play. 6. In 2 clips enjoyment was described. 	8/8	<ol style="list-style-type: none"> 1. Creative musical play was observed in 7 clips by at least one participant. 2. In 6 clips ways in which the adult uses instrumental sounds and voice to connect playfully with the child are specified. 3. In 4 clips playfulness is described as emerging. 4. The child's playfulness, and/or the adult's warm and playful approach was highlighted alongside an absence of <i>shared</i> play in 5 clips by a minority of participants. 5. A minority found no evidence of playfulness between child and adult in 5 clips. 	8/8	

P4 further defined the impact of musical play: “And one thing is when you just stick a musical instrument into the child’s hand, and he either plays or doesn’t play it. And the other thing is, when we are together, when we are playing and we are communicating, it’s absolutely different.” Two participants emphasised the importance of a positive emotional connection with the child in facilitating shared musical play. P7 said: “We had this connection established between us. And ... in our last sessions, I was getting pleasure out of being together with [SA]. And it was exactly this kind of activity that allowed me to establish contact with him.”

McConkey (2006) writes that children with complex needs often need other people to initiate play, but with sufficient space, observation and listening will be able to join in (p. 8). The experience of three participants endorsed this view, and showed that the experience enabled the musical interaction to be sustained. P5 explained; “You could have been playing with [SD] for half an hour. He wouldn’t have stopped ... Before it hadn’t happened – he was lost ... he likes being played with and you can see it.” As SA matched a musical rhythm she had introduced, P7 noted: “The most important thing was that there was a dialogue between the two of us ... and the smile was conscious. It wasn’t just the muscles. It was a smile.” P3 also described IY responding to her choice of musical instrument; “when he just saw [me] taking the bells, he was starting to use the bells on his arm and he was initiating. He was definitely wanting to play and he did play.”

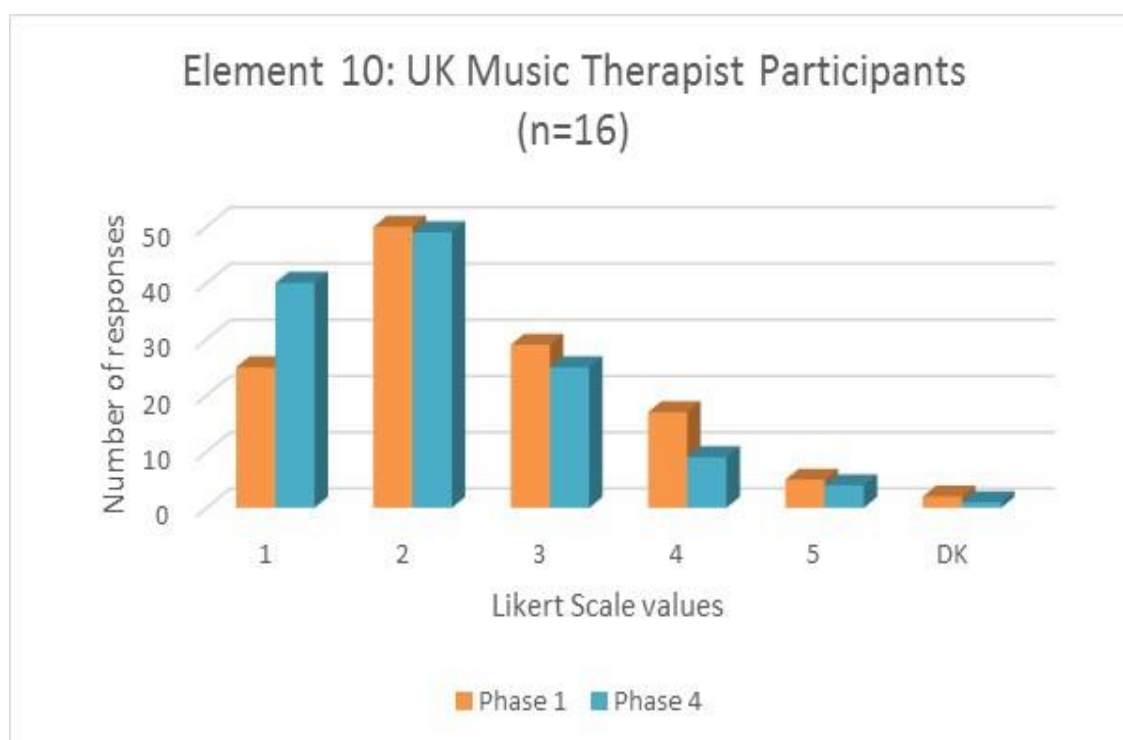
Winnicott said that being able to play implies trust (1971 p. 69, Chapter 4). P1 specified this sense of trust as fundamental to the development of playfulness with MD. She gave

an example from their last session in which “he felt so free and so safe that he started playing with the camera ... he was joking ... he was creatively playing.” P3 felt that IY also understood humour: “He reacts very well to the words, to when I say something stupid. He starts laughing.”

UK participants

Figure 7:20 shows an eleven per cent *combined* increase in higher rated values (1,2) post-intervention in quantitative data returned by UK participants (n=16) in respect of Element 10. This indicates assessment of a level of positive development in Belarusian practitioners’ capacity to enjoy creative and flexible musical play with the children.

Figure 7:20 Comparative distribution of quantitative results Element 10 – Phase 1 and Phase 4



The wider distribution of quantitative data in **Phase 1** also suggests that many UK participants were undecided in respect of this element. This is supported by corresponding qualitative data in which participants' assessments of playfulness differed significantly in all video clips (n=8). Of one adult, a participant commented: "Some nice, creative interaction, although I wonder if the child may have lost interest given the adult's almost impatient demand for a response", while another observed a "lack of creativity around extending child's responses".

Remarking on one musical interaction, a participant said: "Although it is mostly the adult playing, the child's response appears to be positive as [he] smiles and responds. If only basing on this one clip, taking [his] ability into account, perhaps this is significant for [him] and an important way for [him] to engage." However, four further participants observed little or no musical play in the same clip. Interaction between another Belarusian adult and child was described as playful as both took "a creative approach to exploring the drum". Conversely, two considered that the child was "discouraged" from play.

Seven clips prompted at least 1 observation of playfulness. One adult was described as: "Playful and responsive to the child's presentation, which appears to provide a potential safe space for interactions to emerge." Brief moments of shared musical play, often at the start of the clip and in some cases with a caveat were more usual. Of another example one participant commented: "Elements of play emerge at times, but this doesn't appear creative and flexible in quality." In 3 clips, playful moments were difficult to sustain. Two participants felt that the adult's "sustained independent play might have made the child feel isolated and excluded and cut-off from shared interaction", causing

her to disengage. Similarly, musical connection in another example was described as fading, with the “play space” diminishing accordingly. Three clips evidenced potential for musical playfulness between adult and child, “but there seem to be barriers to shared play”.

Of one musical interaction, a participant said: “I get the impression that there may be an element of enjoyment for her [the child] at the start of the clip.” Conversely, a “distinct lack of playfulness” was consistently observed regarding two Belarusian adults in Phase 1. Two participants stated that the musical interaction in one clip felt neither creative nor flexible, and that the child “certainly [did] not seem to show any enjoyment.” Three further participants agreed, stating that the child was not given time and space and was largely “doing as he was told”. Another judged that this relationship was at too early a stage for play. Another adult was described as having insufficient confidence to allow the child to explore musically, although he appeared secure with her. This corresponds with the adult’s own experience of the Phase 1 music session in Chapter 6 (p. 227).

The distribution of quantitative data in respect of [Phase 4](#) for Element 10 is also more widely distributed than previous elements. There remains a seventy per cent majority of higher rated values (1,2), indicating positive assessment of Belarusian practitioners’ capacity to enjoy creative flexible musical play with the child. This is supported by corresponding qualitative data in which at least one UK participant observed musical play in 7 video clips (n=8).

Of one musical interaction, a participant noted: “Sense of play, especially when the child briefly engages at the end of the clip.” Another observed: “It felt creative. brought mother/baby interactions to mind.” Two further adults appeared to be creative, playful and at ease: “Through play, the adult is able to support and encourage the child to engage and interact.”

Working from the definition of playfulness suggested by the evaluation instrument (Chapter 4 p. 143), participants were now able to identify specific ways in which the adult used instrumental sounds and vocalisation to connect playfully with the child in 6 clips. One Belarusian adult introduced the wind chimes into the “shared sound world” with the child, while continuing to creatively play the glockenspiel. In another example, the child appeared to be “still exploring the possibilities in this space, however, the ground work has been set” [by the adult]. Of another this observation was made: “The physical contact and movement was so closely linked to the music. There seemed to be such joy from the child at someone listening and responding to her in her own way.” Exploration of instrumental and a range of vocal sounds in reciprocal exchanges was noted in three musical interactions. One adult was described as having become able to implement relevant [unspecified] techniques to support musical play with the child.

In 4 clips, shared playfulness was assessed as emerging in line with the stage of the relationship between child and adult. One participant found that an autistic child had been “helped to come to the verge of engagement” by the adult. “At [the] point of shared vocals and laughter” another adult and child were deemed by one participant to be briefly engaged in “truly shared play”, although this dissolved as the adult appeared not

to keep pace with the child's ongoing shift in focus. Similarly, a further adult was described as having lost some of the engagement with the child which had supported earlier playfulness.

A minority of participants found no evidence of playfulness between child and adult in 5 clips. Although the child was described as "happy", little creative play was observed in one interaction. One participant identified that the adult moved on too quickly from responding idiomatically to the child's vocal sounds. Similarly, although the child was excited to be making sounds with the instruments, one participant felt that another adult was "not responding directly to his sounds and ... able to regulate the experience with her music, so he gets over-excited and dissolves into coughing". A lack of spontaneity, freedom, connection and creativity hampered the possibility for playfulness in three further examples.

7.3 UK music therapist participants: Results of Chi Square test

Quantitative results returned by UK music therapist participants in respect of pre- and post-intervention video clips self-selected by Belarusian participants indicate positive development in all but one rated element of the evaluation instrument (which remained constant).

The values for each Likert Scale point (1-5) across all ten elements were added together to produce a set of five overall scores for Phase 1 (pre-intervention) and for Phase 4 (post-intervention), as shown in table 7:12. By measuring the degree of association

between the 2 variables of Phase 1 and Phase 4 (Robson 2011 p. 431), a Chi Square test was used to investigate the overall degree of correlation between pre- and post-intervention outcomes.

Table 7:12 Results of Chi Square test: UK Music Therapist Participants

Likert Scale Points	Results		
	Phase 1	Phase 4	Row Totals
1	325 (353.00) [2.22]	381 (353.00) [2.22]	706
2	487 (532.00) [3.81]	577 (532.00) [3.81]	1064
3	193 (189.00) [0.08]	185 (189.00) [0.08]	378
4	209 (149.50) [23.68]	90 (149.50) [23.68]	299
5	45 (35.50) [2.54]	26 (35.50) [2.54]	71
Column Totals	1259	1259	2518 (Grand Total)

The chi-square statistic for this data is 64.6697.

The p -value is < 0.00001 .

The result is significant at $p < .05$.

This result evidences a peer review outcome of overall positive change in Belarusian staff participants' knowledge and skills post-intervention in respect of their capacity to adapt to participating children with complex needs.

A discussion of the integrated quantitative and stage 2 qualitative findings presented in this chapter, together with the stage 1 qualitative results described in Chapter 6 will be addressed in Chapter 8. Strengths and limitations of the study will be considered, and directions for further research suggested.

8 Chapter Eight: Discussion

8.1 Overview

This chapter presents a discussion of the findings from stage 1 qualitative data analysis (Chapter 6), and stage 2 integrated quantitative and qualitative data analysis (Chapter 7) with particular reference to the three research questions. The various strengths and limitations of the research will then be assessed.

8.2 The research questions

8.2.1 Research Question 1: What are the principal meeting points and tensions, for practitioners at Children’s Rehabilitation Centre Minsk, between Winnicott’s theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky’s theory of defectology?

Evaluation of the principal meeting points and tensions between Winnicott’s theories and defectological classroom practice at CRC was made principally from stage 1 analysis of qualitative data, informed further by ancillary data collected during fieldwork visits to Minsk in 2014 and supported by the literature reviewed. Results showed that the two approaches share some commonality, particularly in a very human regard for the uniqueness of the child and in the implementation of individual approaches to meet his needs, and some key differences – principally concerning the theoretical orientation by which those needs might be understood.

8.2.1.1 Background

Having initially been accepted by psychologists in Tsarist Russia, Freud's psychoanalytic writings were discredited following the October Revolution (1917). Soviet criticism of psychoanalysis resulted in part from ideology and in part from a view of Freud's work as unscientific (Miller 1998 p. 163). Psychological thinking contemporary with Vygotsky in the 1920's and 30's was based on "reflexology". Psychologists explained human behaviour as the interaction of *outside* stimuli, including perception, speech, gestures and facial expressions, with human reflexive responses (Vygotsky 1925 pp 2-6). However, Vygotsky asserted that in attacking the subjectivism in psychoanalysis, basic functions of the mind had been rejected (Miller 1998 p. 82). He maintained that his hypothesis of consciousness should be able not only to explain awareness of self and other, the conscious nature of thinking, feeling and will, but also the concept of the unconscious (Vygotsky 1925 p. 7). So as not to offend the Soviet regime, Vygotsky posited that individual consciousness was embedded in the person's social milieu, operating in direct response to their external world (p. 22, Miller 1998 p. 82, Gindis 1995 p. 78). Vygotsky's work was nonetheless purged as bourgeois by the Stalinist regime and was widely discredited in the Soviet Union by 1936. Miloscz (1953) suggests:

Whoever reflects on man in general, on his inner needs and longings is accused of bourgeois sentimentality ... What is not expressed does not exist. Therefore, if one forbids men to explore the depths of human nature, one destroys in them the urge to make such explorations; and the depths in themselves slowly become unreal (p. 215).

In the Soviet Union, psychotherapy was revived only under Gorbachev's policies of *perestroika* (re-structuring) and *glasnost* (transparency) during the 1980's and the term

retains a degree of sociocultural stigma in post-Soviet Belarus. However, there have been relatively recent initiatives in the field. One such is a group of psychologists and doctoral psychotherapists in Minsk, many of whom are members of the International Association for Psychoanalytic Self-Psychology (IAPSP³⁰), working mainly with children.

8.2.1.2 The uniqueness of the child

A key similarity shared by Vygotsky's original theoretical basis of defectology (1993b) and Winnicott's theory of the holding environment (1960) is that each child is viewed as unique, with their own particular trajectory of development. Both theorists seek to connect with the child's potential, rather than focusing on limitations and both emphasize the possibility of change.

Having rejected much of Vygotsky's original thinking, Soviet and post-Soviet defectology paid little heed to the emotional development of the child (Daniels 1993, Shutova 2011). In Belarusian Development Centres, medical and pedagogical approaches which focus on the child's problems, and in which the child's emotional world and individuality are not considered have reportedly continued (Vargas-Baron, Janson and Mufel 2009 p. 16). Writing after World War II, Winnicott (1990a) suggested that an emphasis on corrective institutions can represent unconscious anxiety around the parent-child relationship (p. 248).

³⁰ <https://iapsp.org/> Accessed 5th December 2017

The literature reviewed was corroborated by the researcher's conversation with the former Dean of Defectology at the National Academy for Further Education in Minsk during Phase 4. Dr. Logovina described Vygotsky's approach, which continues to provide the theoretical framework for defectological training in Belarus, as "holistic" and a "synthetic science that tried to find out about the child". Currently, however, defectology is divided into areas of 'correction' (rehabilitation), special psychology and medical interventions. Defectologists are no longer trained in all subjects (Chapter 2 pp 52-53). Instead, special education teachers, psychologists and speech therapists are trained separately, resulting in a lack of cohesion in approaches and even in terminology. Dr. Logovina stated: "Even when different specialists work in the same area ... where interests coincide, they still have their own view based on what particular interest they have."

The literature reviewed also found that defectology in Belarus has remained fundamentally unchanged since Soviet times (Thomson 2002 p. 39, Grigorenko 1998 p. 194), viewing the "deficit" as a pathology with physical, mental and even moral antecedents (Vargas-Baron, Janson and Mufel 2009 p. 16). In qualitative data from Phase 1, pre-intervention (Chapter 6 pp 239-240), participants mainly described the children with whom they were working in terms of his or her problems, focussing on ways in which the child's condition inhibited education and development for reasons of severity, behavioural aggression and/or rejection of pedagogical intervention. In a feedback conversation with the researcher early in Phase 1, the translator explained a perceived fundamental difference between classroom defectological practice at CRC and UK psychodynamic music therapy. Her view was that the UK music therapist anticipates a

mutually rewarding relationship with the child, although this may take time to develop.

The translator stated that this was not the case at CRC as practitioners did not know how to relate to very challenging children (researcher's journal pp 5-6). P9 explained: "Music therapists are trained to be sensitive towards the feeling of the client and ... that was something that was new for us and we had to learn to do it."

Winnicott (1990a) advocated a warm and personal teacher-pupil relationship, with clear and appropriate boundaries and the retention of objectivity (p. 63). This is reliant, at least in part, on the child's early attachment experiences, revealed through his or her presentation and behaviour in the classroom (Chapter 2 pp 40-42).

Following learning about Winnicott's theories of holding (1960) and playfulness during Phase 2, and practical realisation of theory in Phase 3, qualitative results evidenced a change in how participants were able to perceive, think about and relate to the child (Chapter 6 pp 220-225). When considering meeting points and conflicts between learning during the research and her classroom practice, P9 stated that the experience had strengthened her capacity for "sensory perception" which she understood as "you see what you see, you hear what you hear" in accordance with her defectological training.

Fifty per cent of participants described a shift in their emotional response from one of emotional distance and expectation of a required reaction to one of acceptance of and engagement with the child. Rather than being emotionally and physically drained, several adult participants developed empathy with the child and became able to genuinely enjoy

spending time together. As P4 stated: “Before, it was difficult for me to have sessions with her easily. Now, it gives me the greatest pleasure”.

8.2.1.3 Secondary impairment

Stage 1 qualitative data evidenced a change in P1’s understanding of seven-year-old MD as their teacher-pupil relationship developed, both in music sessions and in the classroom (Chapter 6 pp 218-219). At the time of writing, MD lived with his mother and autistic younger brother in one room in a hostel following his parents’ divorce. Although able to speak, MD was typically withdrawn and non-verbal. An educational aim was for him to develop initiative. As the emotional connection between adult and child grew, P1 described how he began to behave like a normal little boy, to be playful with her and to begin to use words again. P4 and P8 also gave examples of how SP and MZ respectively began to find their voices, both in music sessions and in the classroom. P8 explained: “She’s [MZ] started vocalising much much more. And, do you know, her vocalisations have become very very loud!”

Vygotsky (1993a) in his theoretical basis of defectology and Winnicott (1960) in his theory of holding indicate the potential for secondary impairment to result from psychological deprivation and that understanding of the phenomenon contributes to that of the emotional and social experience of the child. There are, however, key differences in theoretical orientation.

Vygotsky (1993b) observed that social interactions in the home, school and wider

communities are qualitatively different for disabled children (Chapter 2 p. 47). This impacts on psychological, emotional and social development, often resulting in what Vygotsky termed “secondary defects” such as infantilised behaviour (Bøttcher and Dammeyer 2012 p. 435).

As seen, for psychodynamic therapists, such responses originate from difficulties in mother-infant attachment, often experienced by children with learning disabilities, which have implications for relationships across the lifespan. Psychodynamic psychotherapist Valerie Sinason (1992) posits “secondary mental handicap” as mechanisms employed by a child or adult with learning disabilities to, for example, “compliantly exacerbate the original handicap to keep the outer world happy with them”. Such strategies may include reducing intellectual and communication capabilities (p. 21).

8.2.1.4 Dialogic learning

Winnicott (1971) emphasised the importance of play to the psychological and emotional health of the child, stating that it is within the potential space between the child and the caregiver that play takes place (p. 121). From this perspective, Winnicott was careful to delineate the roles of teacher and therapist in respect of a child in school.

Here in the area of overlap between the playing of the child and the playing of the other person there is a chance to introduce enrichments. The teacher aims at enrichment. By contrast, the therapist is concerned specifically with the child’s own growth processes and with the removal of blocks to development that may have become evident (p. 58).

A study by Antoniadou (2011) follows Vygotsky’s assertion that learning is social. The social context is the basis of learning and development, not simply education, but all

assimilation of knowledge. Vygotsky believed that children's learning is greatly enhanced in shared activity with adults (Gindis 1999 p. 334).

In this regard, Vygotsky's theories of the zone of proximal development (1993b) and Winnicott's theories of the holding environment (1960) and play (1971) appear sequential. If there is an empathic relationship between teacher and pupil, based on an understanding of the child's behaviour as communication of his or her emotional state, then a potential space for play may develop. Within the developing relationship, the teacher can engage with the pupil in dialogic or scaffolded learning. CRC staff participants themselves identified a need for support in building relationships with children with complex needs which would support teaching. The translator explained that "this project, it grew out of their understanding that something was not quite working."

Stage 1 qualitative results showed an initial tension in assimilating albeit *requested* new ideas and skills, with a basis in psychodynamic music therapy, within a results-led culture of special education with its roots in a particular social ideology. This finding is supported by Thomson's (2002) research with Russian classroom practitioners, which revealed a "sense that the unique successes and approaches of the Soviet system should be safeguarded and that the specialist knowledge it produced should not be discarded in favour of fashionable Western techniques" (p. 44, Chapter 2 p. 50).

The predominantly results-driven culture in special education in Belarus is not unique. Music therapist Roman (2016) suggests that, in current economic conditions in UK it is very difficult for therapeutic care for the child with complex needs to be unconditionally

provided. Support may be withdrawn in the absence of improvement against predictable outcome measures. There is no space for the child to be themselves, or to find a different way of being with others (p. 17).

Stage 1 qualitative data from Phase 1 (pre-intervention) evidenced an expectation of results in Belarusian special education, together with a hope that the research would support the provision of demonstrable educational outcomes and positive changes in challenging behaviour. In Phase 4, fifty per cent of CRC staff participants (n=8) articulated a link between the *emotional* connection established with the child and enhanced educational and social outcomes. P7 described tuning into autistic child SA's stereotypical behaviours through improvised musical sounds and phrases. This established a connection which supported him to focus in class (Chapter 6 p. 229).

Post-intervention, seventy-five per cent of Belarusian participants stated directly that they found no conflict between the theory and practice of Winnicott's theories of the holding environment (1960) and play (1971) as realised in the research and their usual classroom practice. P5 summarised: "No, there was no conflict at all. It just fitted in. I think that this theory can be applied to any child; with difficulties, without difficulties, it doesn't matter."

8.2.2 Research Question 2: To what extent and in what ways might these theoretical principles be accessible, relevant and applicable to Belarusian classroom-based staff in relation to their work with children with complex needs?

8.2.2.1 Overview

The research hypothesised that Winnicott's theories of the holding environment (1960) and playfulness (1971), based on the "aspect of shared humanity" (Bridges 2009 p. 108) that is natural mothering processes (Phillips 2007 p. 4), would offer an appropriate theoretical framework to support development of relationships between CRC classroom practitioners and children with complex needs. The extent to and ways in which Winnicott's theories were accessible, relevant and applicable in both individual music sessions and wider classroom practice was evaluated principally through stage 2 integrated analysis of quantitative and qualitative data collected from Belarusian and UK music therapist participants (Chapter 7). These assessments were further informed by stage 1 qualitative analysis (Chapter 6).

Results derived from Belarusian classroom practitioners' qualitative data showed an increase in participants' capacity to understand and to assimilate a different approach in their work with the children. Fifty per cent described a developing awareness of natural mother-infant interaction in their work – both with participating children in music sessions and with children whose complex needs rendered them particularly hard to reach in the classroom. Winnicott's theories were found to provide a secure "academic basis" for this work (P9).

Key ways in which participants found that Winnicott's theories could be realised both in individual music sessions and classroom practice at CRC included the provision of a holding environment for the child to enable play to develop and, as part of this, the

capacity to reflect on the child's behaviour as communication of his or her feeling state (Geddes 2006, Chapter 6 pp 230-231). The first was articulated by P8: "The most important thing is to create the safe environment for the child. That was the striking thing ... No safe environment, nothing happens." The second was summarised by P5 in relation to her work with SD: "It's important for the child to be heard, its important for the child to be understood, its important for the child for people to see his behaviours as manifestations of his ability to communicate, his desire to communicate." P4 was similarly aware of the need to think beyond the immediate reaction of the child, and to remain open to potential.

The major change [I] acquired from the project, is that before, if this child doesn't want to play this musical instrument, and doesn't want to take it in his hand; OK, if he wants to vegetate, let him vegetate. That's his preference. But now we know that it's not true. We can do things, and the child can do things, you only have to know how to do it and how to approach the child.

Stage 2 qualitative results from both Belarusian and UK participants demonstrated that CRC staff participants became particularly able to use their voices effectively in musical matching and interaction with the child (Chapter 7). In response to element 6 ("timing and pace in musical responses"), UK participants commented on P5's creation of a sense of calm with SD using vocalisation. "Some lovely moments of vocal interaction, and musical matching" were observed in P9's interaction with AL. Responding to SK's leg movements, P10 herself described experimenting to find a vocal pitch which would resonate with him.

The central importance of vocal interplay to mother-infant interaction and secure

attachment is supported by the literature (Chapter 4 pp 140-141); principally that infants may not discriminate between music and speech, but respond to a quality of vocal interplay experienced as meaningful (Edwards 2011 p. 8), and that vocal pitch contours and intensity employed by caregivers to convey emotionally based intention to their infants are generally cross-cultural (Bergeson and Trehub 2007 p. 648). Supporting CRC staff participants to gain confidence in the use of the voice, of itself and as an interactive medium was an essential aspect of the staff development programme in Phase 2 (Chapter 5 pp 185-186). As well as enabling participants to feel confident in using their voices to interact musically with the children, group singing also had a bonding and supportive function for the participant group. P8 said: "And [I] absolutely loved ... our singing together."

8.2.2.2 Discussion of integrated quantitative and qualitative results

Chapter 7 presented integrated quantitative and qualitative results returned by Belarusian classroom practitioners (n=8) and UK music therapists (n=16) in response to 16 pre- and post-intervention video clips self-selected by CRC staff participants. These were assessed against the ten elements of the newly created evaluation instrument (table 8:1) using a 5-point Likert scale where 1 was "strongly agree" and 5 "strongly disagree" (table 5:2).

The percentage increases in higher value scores (1,2), pre- and post- intervention were then calculated for each rated element for each participant group. This produced ten

comparative measures of the degree of positive change between Phase 1 and Phase 4 (see figure 8:1).

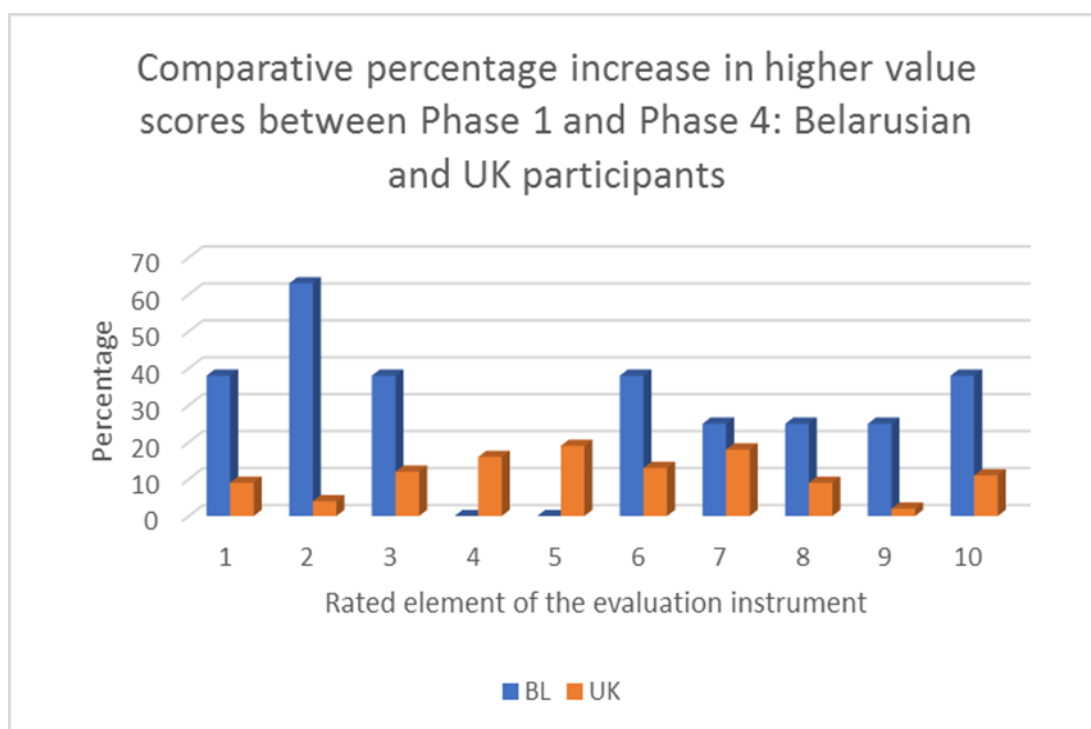
Table 8:1 Summary of the elements of the evaluation instrument.

Core Elements	Rated Elements
Individualised Physical Space	1.The room and the instruments are set up for the child
	2.The session is structured for the child
	3.Behavioural boundaries
Waiting, Listening and Looking	4.Waiting for the child to begin an interaction
	5.Listening and observing closely
	6.Timing and pace in musical responses
Matching and Adapting	7.Attending and responding sensitively to all communications
	8.Matching musical elements with the voice and/or an instrument
	9.Encouraging and expanding on the child's ideas using the voice or an instrument
Playfulness	10. Playing together in music

Figure 8:1 (below) shows that Belarusian participants self-rated their own pre- and post-intervention video clips higher than UK participants for eight out of ten rated elements under this model of analysis – elements 1,2,3,6,7,8,9 and 10 (table 8:1). As suggested in Chapter 7 (p. 251), this could be due in part to a natural wish to present themselves in a good light to a fellow practitioner.

Having initially requested support from the researcher (section 8.2.1.3), Belarusian participants also had a particular professional investment in the study. UK music therapists (n=16) anonymously viewed the same 16 video clips from an experienced, clinically discerning perspective. Without the same degree of investment in the research outcomes, the potential for objectivity increased.

Figure 8:1 Comparative percentage increase in higher value scores (1,2) pre- and post-intervention: Belarusian and UK participants



The largest percentage differential of fifty-nine per cent between Belarusian and UK participants' ratings occurred in element 2; "Has structured the session appropriately for the child." This may be partially explained by the previously stated, erroneous perception, on the part of Belarusian participants, of an expectation that a child-led approach should be attempted in the Phase 1 individual music session, despite clear advice to work with the child *in the usual way* while seeking a playful musical interaction. This caused considerable anxiety in some participants (Chapter 6 pp 226-227). With learning, experience and support in Phases 2 and 3, child-led musical play developed as participants became able firstly to identify with and then to adapt to the child's individual needs (Winnicott 1960).

Element 4, “waiting for the child to begin an interaction” and element 5 “listening and observing closely” saw no percentage difference in Belarusian participants’ higher rated scores (1,2) pre- and post-intervention. Those reported by UK participants were sixteen and nineteen per cent higher respectively. Fifty per cent of participants described playing with a more exploratory interactive approach, which included allowing the child to initiate musical interaction. P9 stated: “So we have to give the opportunity to the child to lead. Matching the child, adapting to the child, and giving him the safe environment allows the child to actually open up, and show the best in the child.” While describing waiting and allowing space for the child without expectation as the most important aspect of a playful interaction, participants also stated that the practical realisation of this element was the most difficult to achieve (Chapter 7 pp 274-275).

Despite quantitatively rating Belarusian participants’ work more highly post-intervention in respect of element 4, UK music therapists’ qualitative opinions were also divided in relation to some video examples (n=16). Of P4, one said: “Adult could perhaps be more child-led with regard to movement ... but is good at waiting while the child vocalises.” Such divergence could be partly explained as arising from a lack of prior knowledge of the child, as acknowledged by UK participants in respect of 4 video clips. Many expressed their appreciation of positive changes in Belarusian practitioners’ provision of an accessible, receptive and engaging musical holding environment and only then added that more waiting and space would have benefitted the interaction.

Belarusian participants’ ratings in respect of Element 5, (“listening and observing closely”) may have been skewed in Phase 1 owing to their expressed excitement at this first

glimpse of a different way of being with the child. In Phase 4, participants found that the child was more able to focus when the adult was attentive, listening and observant (Chapter 6 p. 232).

Although Belarusian participants stated a greater awareness of the importance of listening in Phase 4, there was little evidence of this in the data. While video clips demonstrated effective listening to the child, participants focused on descriptions of their observations during interviews. Similarly, UK participants highlighted observation of the child and commented more rarely and much more critically on adults' listening skills. Eighty-eight per cent of adults were found to have missed opportunities for musical connection with the child, suggesting that practitioners were following the remit of watching the child, with an as yet limited understanding of his or her communication. These results suggest that further development of the evaluation instrument is needed to address this discrepancy (section 8.4.1.2).

A comparative percentage majority of higher value Likert scale scores (1,2) returned by Belarusian and UK participants in Phase 1 (pre-intervention) and Phase 4 (post-intervention) was next calculated for each rated element of the evaluation instrument as illustrated in figures 8:2 and 8:3. Of interest is the difference in distribution patterns for each participant group between Phase 1 and Phase 4.

Figure 8:2 shows the comparative percentage majority of higher value scores (1,2) for Phase 1 (pre-intervention). The distribution pattern of results under these conditions for Belarusian participants shows greater variation than that for UK participants. UK

participants' results are higher than those of Belarusian participants in all except elements 4 ("waiting for the child to begin an interaction") and 5 ("listening and observing closely").

Figure 8:2 Comparative percentage majority of post-intervention higher value scores in Phase 1: Belarusian and UK participants

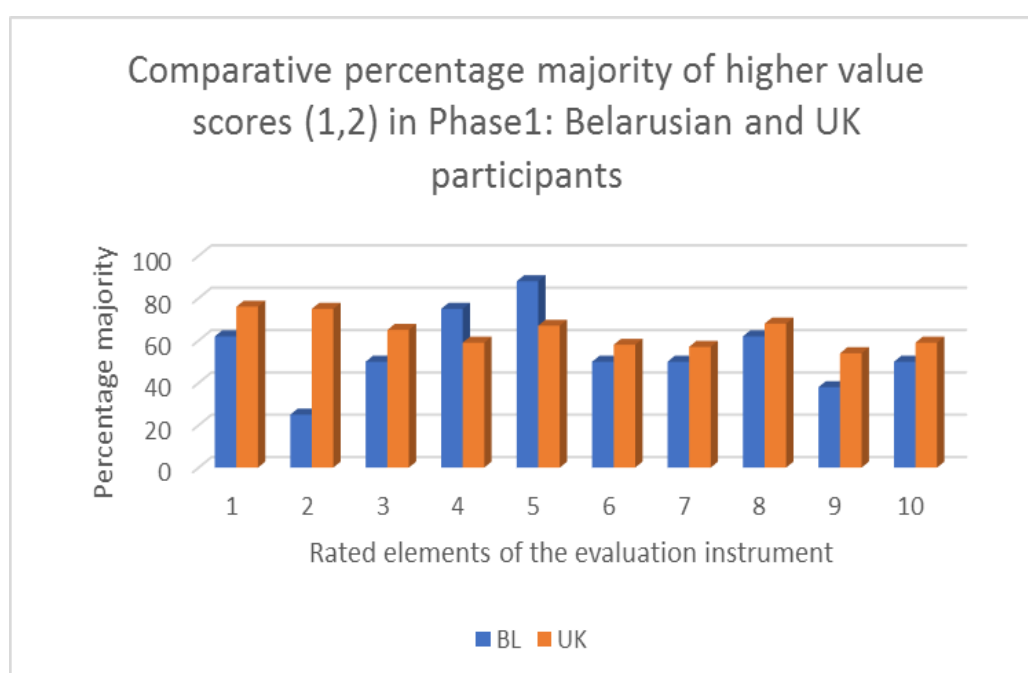
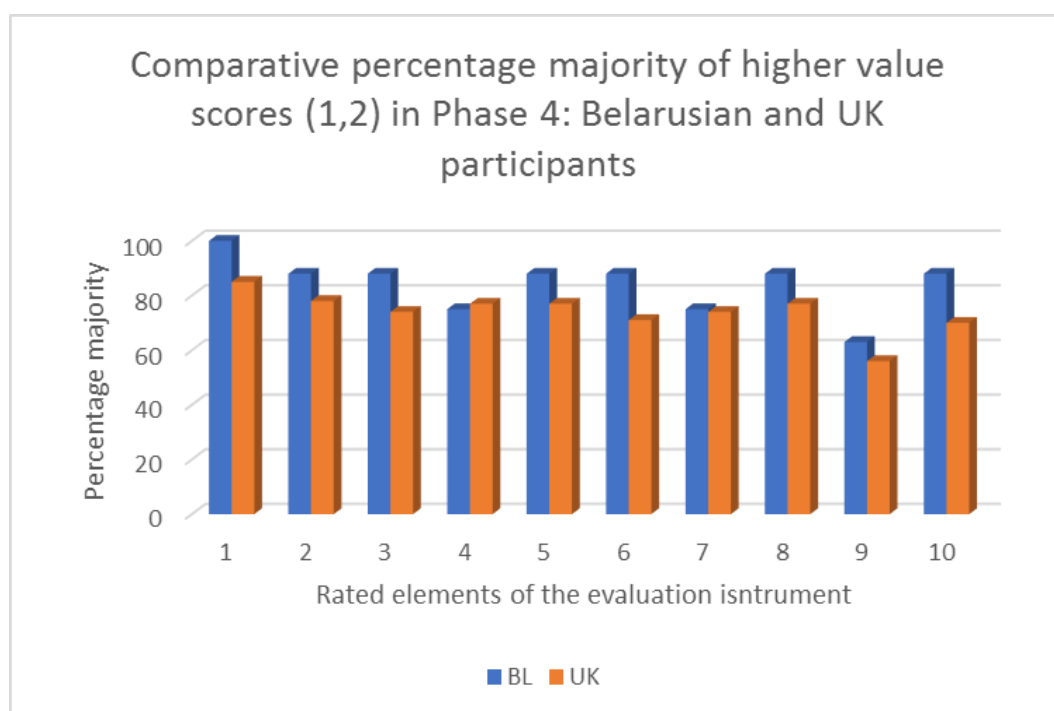


Figure 8:3 shows the comparative percentage majority of higher value scores (1,2) for Phase 4 (post-intervention). The distribution patterns of these results for Belarusian and UK participants are broadly similar in comparison to Phase 1 (figure 8:2). These results suggest that a greater degree of parity of understanding of the rated elements as applied to musical interaction with the child had been reached between the two participant groups. Belarusian participants' self-assessments of their post-intervention video examples are higher than those of UK participants in all elements except element 4

(“waiting for the child to begin an interaction”), which shows a small negative difference of two per cent.

Figure 8:3 Comparative percentage majority of post-intervention higher value scores in Phase 4: Belarusian and UK participants



This may be explained by the same factors described above. In respect of element 7 there is just one per cent difference between the two participant groups. This degree of agreement is supported by the qualitative data. Eighty-eight per cent of Belarusian participants were now able to describe responding sensitively to the child’s musical and non-musical communication as a general tenet of music sessions, rather than as an isolated occurrence and UK participants also commented positively on all 8 Belarusian practitioners’ capacity to remain generally “aware”, “attentive”, “sensitive” or “responsive” in their musical interaction with the child.

Results for element 9 are similar for the two participant groups, but lower overall than the other elements. Qualitative results returned by Belarusian participants were similarly fewer and more generalised, rather than specific examples demonstrating capacity to creatively expand on the child's ideas. As this aspect of musical interaction with the child did not form a specific part of the teaching in Phase 2, it is likely that most Belarusian participants did not fully understand the concept, and so did not recognise instances in their video examples. Ten music sessions may have been too few for the child to feel sufficiently confident in the holding environment created by the adult to begin to vary his or her musical gesture, and so enable the focus of the musical play to move from form to content (Walsh-Stewart and Stewart 2002 p. 149).

8.2.3 Research Question 3: What is the impact of this learning, if any, on the nature of the relationships between CRC staff and children with complex needs?

The impact of learning, for CRC staff participants on the nature of their relationships with both the individual child in music sessions in Phase 3 and the children in their classrooms was evaluated principally from stage 1 analysis of the qualitative data and further informed by ancillary data collected during fieldwork visits to Minsk. Results showed that learning and experience during the research, begun in Phase 1 and continued through Phases 2 and 3 positively influenced relationships between staff and child participants (Chapter 6 pp 238-249).

Two themes – “Creating space for the child inside oneself”, and “Identification”, derived from Stage 1 qualitative data (Chapter 6 pp 238-249), revealed significant changes made

by some participants in how they perceived, understood and responded to the children following learning and experience gained in Phases 2 and 3. Participants described changing themselves “from the inside” to be able to do the work with the child in their music sessions (P8). Making such changes has required that the participants themselves feel “held” in their learning process (Chapter 8 section 8:3).

In Phase 1 there was, for three participants a sense of finding ways to survive aggressive, autistic children with whom they were working. Such aggression, targeted towards the adult was experienced as exhausting and overwhelming. At the same time, the experience of the pre-intervention music session in Phase 1 seemed to create embryonic space for consideration of the child’s emotional world. Phase 4 results showed a significant shift towards being able to think about the meaning of the child’s behaviours as communication of their feeling state and to make links with what was known about their wider lives.

In Phase 1 the researcher observed a prevailing sense of anxiety amongst the staff team which appeared to inhibit thinking. This appeared partly to stem from the expectation to produce rapid results and exacerbated by not knowing how to relate to the children. Participants completed tasks quickly and apparently superficially. As described in section 8.3.2, it became clear that staff participants would need support to find ways of slowing down to create space for thinking which would be experienced as safe (researcher’s journal p. 8). This highlighted the need for structured spaces for reflection which became integral to the staff development programme of Phase 2:2 (Chapter 5 pp 161-163).

Sixty-three per cent of Belarusian participants described learning to value and use themselves as an instrument in building a musical interaction with the child. As P9 said: “I realised that the main working tool is the specialist.” Tension between adult and child eased as staff participants began to understand the child’s behaviour as communication of his or her feeling state. Trust developed as the child experienced the adult as reliable and responsive. As P9 commented, “this principle of trust, it actually works”. Genuine pleasure in shared musical play grew for all 8 participants, as P7 found: “Isn’t it wonderful! We are sitting. And we are playing. [SA] doesn’t run away. He doesn’t jump up.” Authentic enjoyment in playing with the child is, Winnicott (1971) maintains, essential to a live, responsive, shared experience (p. 27).

The second theme described ways in which staff participants became able to identify with the children – to attune to their feeling states and to develop empathy with them. Sixty-three per cent of participants felt that their awareness of, and ability to tune into the child’s communication of their needs had significantly increased (Chapter 6 pp 223-225). Winnicott (1993) said: “As no two children are exactly alike, we are required to adapt specifically to each child’s needs. This means that whoever is caring for the child must know that child and must work on the basis of a personal living relationship with that child, not on the basis of something learnt and applied mechanically” (p. 89). This adaptation to the individual child was realised in integrated qualitative and quantitative results derived from the elements of the evaluation instrument, facilitating a potential space for play between child and adult (Chapter 7).

8.3 Holding and potential spaces at CRC Minsk.

8.3.1 Overview

The conceptualisation and realisation of the staff development programme of research Phase 2 at CRC were rooted in Winnicott's theories of holding (1960) and play (1971) as understood and practised by psychodynamic music therapists. Winnicott said that play cannot happen without good enough maternal provision in the early stages of development. This enables the baby to begin to separate from the mother, creating a potential space within which play may begin. Winnicott (2005) stated: "The potential space happens *only in relation to a feeling of confidence* on the part of the baby, that is, confidence related to the dependability of the mother-figure or environmental elements" (p. 135). Psychoanalyst Diamond's (2007) concept of the "analytic third" extends this idea: "The analytic third is what we create when we make genuine contact with one another at a deeper emotional level whether in dyads, groups, communities or organisations" (p. 142).

The following sections discuss ways in which Winnicott's theories supported the development of positive, collaborative relationships between researcher, research assistant and translator, between researcher and CRC staff participants, and between staff and children with complex needs, facilitating potential spaces within which creativity, play and learning could take place (Winnicott 1971 p. 121).

8.3.2 Impact of research context

Awareness of, and respect for, the gulf between the two diverse societies of post-Soviet Belarus and the researcher's native UK, almost completely isolated from each other during most of the twentieth century were fundamental to the research (Chapter 4 p. 115). The literature reviewed presented various forms of collective trauma experienced by Belarusians during the twentieth century as well as how such trauma can be transferred across generations with implications for attachment patterns (Timmerman 2011). In post-Soviet Belarus, the autocratic state may be thought about in terms of the kind of parent who is harsh, but upon whom citizens are dependent.³¹ At CRC, high staff stress levels, anecdotally linked to the degree of surveillance exercised by the Ministry of Education were also described as a significant issue. In Phase 1, the researcher noted that participants appeared fragmented, overwhelmed and exhausted (researcher's journal pp 8-9). One participant acknowledged: "We were all over the place" (p. 26). This was borne out in stage 1 qualitative results (Chapter 6 pp 239-240). P9 was particularly tired, and had one arm in plaster from an injury incurred from a child while at work. In her pre-intervention interview, she appeared drained by the experience of AL's continuous, overwhelmingly loud vocalisations and aggressive behaviours, and at a loss as to how to work with her.

These observations find parallels in the literature reviewed (Chapter 2 pp 62-63).

Presenting psychotherapeutic work with a GP surgery staff group who had experienced a

³¹ Working in Minsk during Phase 2 in September 2014, the weather turned unexpectedly cold. It was not possible to put on heating in the researcher's rented apartment, because heating was state controlled. No citizen could have heating until November each year, regardless of weather conditions.

specific traumatic event, Garland (1998) describes one group member who arrived with her arm in a sling. Within a psychoanalytic framework, the therapist considered this as representative of the patients of the surgery who, as well as requiring treatment for illness, were also injured by the traumatic event. P9's presentation may be thought of as representing the overwhelming needs of the children of CRC. Despite being in physical discomfort she initially volunteered to work with two children during the research. This offer was not accepted.

Despite the research being a response to CRC's request for support in building relationships with children with complex needs, initial contact with the staff group demonstrated that research visits also represented interference in the staff team's primary task of teaching and caring for the children (Garland 1998 p. 189). Benjamin (2004) expands; "The presence of an observing third [researcher] is felt to be intolerable", which dynamic between researcher and researched may lead to sabotage of the process in the early stages (p. 30, Halton 2006 p. 12). During Phase 1, staff participants were often late, or left early, or were occasionally absent entirely (p. 21). With due respect to the demands of the special school environment, such responses nonetheless appeared to correspond to Garland's suggestion that, while "help" may be accepted with a sense of relief that someone else might be able to think and do something about the burden, there will still be resistance (p. 190, Rickson 2012 p. 278).

The therapist-as-researcher's aim throughout the fieldwork was to manifest Winnicott's holding through the provision of a safe learning environment for both adults and children, within which both cognitive and affective experiences could be combined (Chapter 5 p.

144). It is interesting to note that Vygotsky too emphasises what he termed a “perezhivanie” learning experience, which incorporates the emotional response to the integration of pre-held knowledge and experience with new ideas and constructs (Antoniadou 2011). That this was achieved was revealed in the development of potential spaces (Winnicott 2005 p. 135) between researcher and participants, researcher and colleagues, between staff participants, and between staff participants and children.

8.3.3 Researcher and staff participants

Psychodynamic music therapist and psychotherapist David John (2009) posits that the establishment of a safe accessible setting, within which anxiety levels are manageable such that participation and learning can take place is one of the most important skills of the therapist. “Creating the stance” (p. 87) is defined as the emotional position embodied by the therapist in relation to the patient in therapy. This is allied with Winnicott’s theory of holding (1960); “holding the self, the mood, the illusions, the state of the patient, as well as holding the patient’s need to relate through various means” (John 2009 p. 87).

As seen, the fieldwork process supported CRC staff participants to begin to express themselves freely, and so connect with their own sensitivity. While also often greatly enjoyed, experiential learning, with attendant possibilities for change was particularly challenging for some participants (Watson 2005). Consequently, the development of trust between researcher and participants was very important. While referring to the mother-infant relationship Sroufe’s (1996) statement has resonance:

To the degree that the caregiver is reliable, dependable and consistent, she is “knowable” and therefore a source of security in the midst of novel experiences. And to the degree that the caregiver is alert, attuned, responsive and effective, the infant can engage with the novel surround with assurance and confidence (p. 144).

To facilitate play with ideas, the researcher sought an appropriate stance which would provide holding for participants’ emotional experience, while maintaining boundaries of role during teaching sessions and in supervision (Chapter 5 p. 148).

The literature reviewed described a generalised view of the impact of a traumatic history and consequent sociocultural milieu on typical national characteristics of Belarusians.

Although sources pertaining to Belarus are scarce and heavily biased towards critical western viewpoints (Chapter 2 pp 55-56), commentators agree that Belarusians typically display loyalty to “any locus of authority” (Lenzi 2002 p. 406, Rozic 2015, Figes 2007 p. p.xxxv), and avoid voicing opinions of their own (Padhol and Marples 2011 pp 406-7).

Furthermore, Rozic (2015) suggests that a combination of forced communal living and social isolation resulting from fear of denunciation created a continuous state of paranoia for Soviet citizens (pp 60-61).

In all aspects of engagement with fellow professionals in music therapy practice, a consideration of the lens through which communication is received is essential to an effective outcome (Margetts 2016). The mode and delivery of the fieldwork were approached with careful consideration of the potential for the above factors to impact on the professional relationship between researcher and participants. Results showed that it was not just the theoretical principles themselves which were accessible and relevant, but *how* these ideas were presented in context that was very important (Rickson 2012).

Particularly as the staff development programme was live translated, how material and

feedback were heard and received was closely monitored by researcher, research assistant and translator.

This finding was endorsed by the stage 1 qualitative results, in which seventy-five per cent of Belarusian participants commented positively on aspects of Winnicott's holding in the learning experience (Chapter 6 pp 233-236). As P1 commented: "The material was presented the way that, in Russian we say, 'you didn't have to chew it, you could just swallow it' so well prepared it was." Participants also confirmed the importance of integrating theory and practice. P9 stated: "And the most important thing; that it [theoretical learning] was all supported immediately by practical experience."

Staff participants' learning process was also "held" by an accompanying support package which included the Workshop Group (Chapter 5 pp 189-191). Reflecting on this in a structured feedback session on the last day of Phase 2:2, participants commented positively: "The spirit and atmosphere of our meetings. It was a pleasure to learn in this holding environment" (feedback sheet 26th September 2014).

The degree to which experiences of holding had been internalised during the research process supported all 8 staff participants to be able to create a space inside themselves to provide this for the child (Chapter 6 pp 238-246). Each staff participant appeared to demonstrate an increased capacity to adapt to the child in music sessions, illustrated in the integrated results shown in Chapter 7. Meanwhile Chapter 6 presented qualitative results which evidenced factors supporting staff to make significant changes to how they perceived, thought about and responded to the children (pp 220-224). Seventy-

five per cent of participants cited space and time for reflection as important during teaching sessions and fifty per cent echoed this in respect of supervision. Participants noted feeling supported and encouraged by supervision and stimulated to think differently about the child with whom they were working. This finding is endorsed by the literature. Diamond (2007) suggests: "Deep change in individuals and groups ... emerges out of reflective engagement and the dialectical nature of intra- and interpersonal processes" (p. 143).

Such internalisation of holding for staff participants was also illustrated in aspects of the relationship with the researcher as the research process unfolded. While maintaining appropriate boundaries of role as therapist-as-researcher with the support of supervision, the researcher was nonetheless able to usefully access psychodynamic knowledge, skills and experience of working with groups to manage projections from participants' emotional projections within role. For example, as anticipated in Chapter 5 (p. 151), envy and idealization of the researcher did occasionally arise, particularly in moments of anxiety for participants as they approached undertaking their own music sessions with the children in Phase 3. Such dynamics also often manifest as student music therapists approach their first clinical placement (Richards 2009 pp 26-7).

In a recorded de-brief conversation with the research assistant during Phase 2:2 at CRC, the researcher recalled that, during a practice-based session that day, one participant had noted the difference between observing a demonstration of musical interaction and approaching such work with a child herself. She referred to the researcher and research assistant as "masters" who made this look easy. It was important for the therapist-as-

researcher to understand this statement as an expression of the participant's anxiety about undertaking music sessions with a child herself, and so offer support and encouragement, rather than respond to the emotional material as would a therapist working with a patient (Garland 1998 p. 190).

These instances dissipated as participants grew in knowledge and skills and were increasingly able to identify with and adapt to the child in music sessions (Chapter 6). Participants' growing confidence also appeared to temper unfulfilled expectations of criticism of their work by the researcher. Reflecting on musical interaction with SD during Phase 3 in her post-intervention interview, P5 said:

I was also anxious, and I didn't know what the result would be. That I will be up to your expectations ... Before, when [I] was watching your recordings [I] thought, "well, of course ... you can see that she knows what she is doing, and she knows what she wants ... finally in the last session, when I was watching myself, I realised, "Well, I look as if I know what I am doing and as if I know what I want."

In a conversation on 6th July 2015, the translator reported participants as having contrasted the researcher's stance with the critical approaches more typically perceived from the Department of Education in Minsk (researcher's journal). According to the literature reviewed, it is likely that such an expectation of censure could arise, in part, from previous punitive experiences of teaching at school (Shutova 2011 pp 147-8). With reference to trainee psychotherapists, Mollon (1997) suggests that those students "of an authoritarian professional background have difficulty in conceiving of any other function of the supervisor that is not to do with authority" (p. 24). That participants *were*, in fact, able to change such an apparent pre-conception of the researcher to a perception based

in actual positive experience appears to offer further evidence for the internalisation of a safe, supportive learning experience.

There were certain points during the fieldwork where the participant group appeared, out of conscious awareness, to project challenging feelings into the researcher. One such example occurred in the closing session of the Phase 3 follow-up visit at CRC. The session aimed to explore the idea of a good enough ending of the Phase 3 music sessions undertaken by staff participants and children with complex needs. The group assiduously avoided this discussion, stating that they were not going to end this work – they were going to take it forward. Clear ideas about ending presented in the training manual given to each participant would, they said, suffice. This response appeared to be a communication of participants' need to avoid painful feelings associated with the ending of the research in Phase 4 (researcher's journal pp 70-71). Mindful of the importance of a good enough ending for participating children the researcher firstly worked with the group at a practical level to consider structures and visual tools to enable the child's sense of their music sessions coming to a close, with the support of their training manual. Opportunity for emotional responses to be held non-verbally was then afforded by the plenary musical improvisation and reflective group drawing (Chapter 5 pp 162-163). This experience of working with a group needing to avoid painful feelings is corroborated by the literature (Roman 2016 p. 319, Halton 2006 p. 12, Moylan 2006 p. 56).

8.3.4 Researcher, translator and research assistant

As stated, the establishment of positive relationships between the researcher and

CRC staff participants based on empathy, trust and respect was fundamental to the creation of a safe, held learning environment (Chapter 5 pp 146-150). Describing music therapy with a mother and young child with learning disabilities, Levinge (2011) emphasises the importance, for the caregiver, of having “available space in mind where they can “hold” the infant’s needs. Similarly, the [therapist] has to have that space for the parent as well as for the child” (p. 47). Mutually supportive, holding relationships with the research assistant and the translator facilitated this potential space for the researcher’s work with CRC staff and children.

The rapport and empathy between researcher and translator, together with the translator’s understanding of both the research and local context mediated the relationship between researcher and participants. Owing to her long-standing professional relationship with CRC, staff participants automatically felt safer because the translator was there (Kuo and Arcuri 2013 p. 1041). Torikai (2010) considers translation to be the “third space that carries the burden of culture” (p. 80). As a Belarusian national, the translator was able to support the researcher by “reality checking” and contextualising experiences within the local sociocultural milieu. Translator and researcher together were able to provide holding for staff participants, both during the contact time and through joint processing of experiences following theoretical teaching and experiential sessions.

Regular de-brief conversations with the music therapist research assistant during Phase 2 also proved invaluable in processing and retaining clarity of research focus and role in often emotionally demanding work with the Belarusian staff group, as well as providing a

second perspective on participants' engagement with and responses to the learning process. For example, on the fourth day of Phase 2:2, detailed discussion of one staff participant's reticent self-presentation prompted the researcher, during a subsequent playful group musical activity to work directly with her, aiming to build confidence in the value of her contributions.

8.3.5 Staff participants: The Workshop Group

As seen, the establishment of a Workshop Group was an integral element of the staff development programme in Phases 2 and 3. The aim was to provide a safe environment within which staff participants could express and process their emotional responses to their work with the children in music sessions, and discover new approaches with each other's support (McCreery 2016 p. 239, Geddes 2006 pp 132-4). All participants responded positively to this opportunity to work together: "When you word the problem, it is easier to find a way of solving it" (feedback sheet 5th August 2014). P3 stated that the group provided an important source of support and impetus for learning. The Director of CRC felt that the Workshop Group had positive outcomes in terms of reducing staff stress and increasing creativity (Chapter 6 p. 227), which finding is supported in the literature (McCreery 2016 p. 239, Geddes 2006 pp 132-134). As staff participants shared their practice-based experiences of the children's emotional and behavioural communication, "play with ideas" became possible enabling reflective and creative, rather than reactive responses (Brunsting, Srekovic and Lane 2014 p. 683). The Workshop Group supported the development of a potential space between staff members, within which such play and reflection could take place (Diamond 2007 p. 145).

8.3.6 Staff participants and children with complex needs

Sutton and De Backer (2009) posit that there is something particular about the adult's presence with the child which is different in music therapy (p. 75). The music therapist leaves an open, receptive silence which creates space for the child within the therapist's mind, as well as between the therapist and child. This is aligned with Winnicott's potential space (p. 81, Winnicott 1971 p. 121). With the development of these spaces between researcher and participants, and between participants themselves, there was simultaneous creation of a potential space for play and learning between CRC staff participants and children. Perceiving, thinking about and responding to the child differently based on observation, listening, and an understanding of his behaviours as communication of needs enabled the adult to provide a holding environment for the music session. As the child grew to trust the adult, so a potential space for play evolved. P3 said: "He [IY] started fully trusting [me]. At the beginning he didn't know [me] that well. Trust has been developed."

8.3.7 Learning

The above sections detail ways in which a safe, held learning environment was created through a combination of the researcher's stance (John 2009 p. 87), supported by positive working relationships with research assistant and translator, and the structure, boundaries, delivery, content and support package of the fieldwork (Chapter 5). This facilitated a potential space for staff participants and children, within which play and development in relationships could take place (Winnicott 1971).

As detailed in Chapter 6 (pp 229-230), fifty per cent of staff participants stated that Winnicott's theoretical principles, based on natural processes of mother-infant interaction (Phillips 2007 p. 4) supported the development of conscious understanding of ways of relating to the children which they described as previously "intuitive". John (2009) describes intuition as involving "the idea of real receptivity – an emotional state that is open to the other with a capacity to take in without too much anxiety" (p. 89). Although much was asked of staff participants during the fieldwork, P10 stated that an absence of pressure, combined with an appropriate amount of repetition supported capacity for anxiety levels to remain manageable, such that new material could be absorbed and processed.

The support package, which was integral to the fieldwork, together with structured spaces and mechanisms for reflection aimed to help participants to metabolise responses to learning, and so engage with a process of change (Diamond 2007, Watson 2005). This enabled conscious awareness of concrete skills which evidenced improvement (Chapter 7). Participants described having faith in the method they had been offered. P10 said; "this information will stay with us forever, because we are feeling like its becoming now the style of our life and work". The extent to which participants appeared enlivened by the observable changes in their relationships with the children was evident during data collection. The research appeared to have had significant meaning for the staff group. As the translator explained in Phase 1:

People here, they do want to know a lot of things, and they do want to have a lot of things, but if you ask them specifically what they want, they are very often puzzled. Because we've been living in such a limited environment all the time, very often we don't know what to want.

8.4 Strengths and limitations of the study

There are many challenges associated with conducting real-world research with a special school staff team within the significantly different sociocultural context of post-Soviet Belarus. Factors which may limit the validity of the research, as well as the strengths of mixed methods approaches are discussed.

8.4.1 Internal validity

8.4.1.1 Bias

The convergent mixed methods research design (Creswell 2015 p. 36) proved effective in building a rich data set. Rickson et al. (2016) suggest four areas within which MMR may be advantageously employed, which were features of the study:

- Whether qualitative findings may be generalized
- Convergence or divergence of quantitative and qualitative findings
- The effectiveness of an evaluation instrument
- The conduciveness of a programme with a particular group – how and why it is accessible and applicable

Mixed methods research has also been described as particularly impacted by issues of bias (Robson 2011). This is partly attributed to the closer relationship between researcher and participants than is typically the case in experimental research designs (Chapter 3 pp 90-91). The researcher's sustained involvement with CRC over a period of six months appeared to have had a largely ameliorating effect upon the potential for bias

in Belarusian participants' responses (p. 157). This was evidenced in the data analyses. Qualitative data pertaining to the ten descriptors of the evaluation instrument described in Chapter 7 showed that participants were able to reflect on challenges and difficulties encountered in the music sessions with children with complex needs as well as positive developments.

Belarusian participants' theoretical, experiential and practical learning and supervision during the research fieldwork were all undertaken with the music therapist-as-researcher. It was impossible to remove all potential for bias as the influence of the researcher, which may be dependent upon gender, age, personality, knowledge, skills and experience cannot be avoided. As stated, understanding and experience of working with the boundary between therapist and university lecturer, together with supervision and peer support during the process supported the researcher to negotiate appropriate boundaries during work with CRC participants (Chapter 5 pp 150-151).

Triangulation was used to ameliorate bias arising from the "researcher-as-instrument" and to support methodological rigour (Robson 2011 p. 158). This comprised the use of both quantitative and qualitative data sources, and the employment of different research methods (ibid.). Observer triangulation of self-assessment by Belarusian participants of their self-selected video examples (1 each from Phases 1 and 3) in respect of the evaluation instrument was offset by the online peer review undertaken by 16 UK music therapists of the same material (Chapter 7).

The research at CRC was entirely dependent on collaboration with the translator (Chapter

3 pp 87-90). It is impossible to remove all bias arising from the translator's professional involvement with CRC. As described, back-translation of both live and written translation and recourse to a de-brief interview at the end of the research provided counterbalances (appendix A).

Similarly, the influence of both researcher and translator during data collection could not be entirely removed. There are many advantages, but also limitations to the use of semi-structured interviews. This enabled the collection of qualitative data and provided opportunity to gain a sense of participants' affective experience through listening and observation of non-verbal communication. Participants' response to the researcher would inevitably have influenced their attitude to and engagement with the research process, including their perception of what is required of them during the interview. This may have impacted the data. If feeling favourable, participants might have wished to be "helpful", or needed to give a good self-representation, resulting in falsely positive responses. This is perhaps one explanation for some of the inconsistencies in the quantitative data collected from Belarusian participants in Phase 1 (Chapter 7). Another might be an unconscious sociocultural imperative of not admitting to a lack of knowledge and/or skills. This observation is supported by literature reviewed (Shutova 2011 p. 148).

CRC staff participants each self-rated video clips from Phases 1 and 4 against the descriptors of the evaluation instrument during Phase 4 data collection (Chapter 5 pp 196-201). This approach enabled pre- and post-intervention ratings to be made from the same position of understanding of the measurement tool. It is also possible that participants were more able to recognise sensitive responses to the child with the benefit

of knowledge and experience gained during Phases 2 and 3. This may have skewed the quantitative findings. As before, peer assessment of randomised video examples by UK music therapist participants sought to offset this potential bias.

A further prospective risk of bias arose from attrition in the relatively small initial sample size of eleven Belarusian staff participants. A system of rolling consent was negotiated in which informed consent was sought at the beginning of each research Phase (Chapter 3 pp 96-98). Participants were also closely monitored by the researcher for signs of disengagement. Participating children were similarly closely observed throughout by both the researcher and CRC staff for signs of unease or discomfort. As anticipated, where participants did not have the confidence to verbalise their wish to withdraw from the research, this was “acted out”. Participants were supported to withdraw from the research where needed in line with the consent agreement. There was a twenty-seven per cent attrition rate during the research.

One participant understandably withdrew owing to health issues in her family necessitating prolonged absence from work. The second gave being “too busy” as her reason for non-attendance of the Staff Development Programme (Phase 2:2). While present for parts of earlier phases, this participant repeatedly referred to her senior professional status and seemed unable to engage with experiential work in the group. In her Phase 1 interview she appeared principally afraid of losing control of the encounter with the child: “Usually the kids realise very quickly that I am too soft and then they try to capitalise on that.” Having absented herself from Phase 2, this participant then chose to try to conduct 2 sessions with a child in Phase 3. In the Workshop Group, many

suggestions were made as to how she could improve the musical interaction. Overall, this participant appeared fundamentally professionally challenged by the research and this possibly precipitated her need to eventually withdraw completely.

The third participant who withdrew also held a senior role at CRC and attended very little of the Staff Development Programme (Phase 2:2). Maintaining her professional role appeared very important to her. This participant did undertake a small number of music sessions with the participating child, and agreed to be interviewed in Phase 4. However, this data was unreliable owing to insufficient attendance during Phase 2.

Based on experience as a tutor on the MA in Music Therapy programme at University of Roehampton, the researcher equated the experiences of the latter two participants with those of psychodynamic music therapy students who experience an emotional crisis which is often then acted out in the relationships with their music therapist tutors. While not taking the role of therapist to the student, the tutor will nonetheless use his or her knowledge and skills to process and to make sense of the communication in the student's attitudinal and behavioural responses, and so support him or her to find a way forward (the music therapy student will also have the support of personal psychotherapy). The researcher aimed to talk through possible conflicts, at an appropriately boundaried level, in supervision with these two staff participants, although this intention was ultimately thwarted by their continued absence.

Throughout the fieldwork and data collection every effort was made to minimise bias and ensure accurate responses. The real-world socio-cultural context of CRC Minsk meant

that some limitations could not be avoided. The consequent impact on the internal validity of the research was impossible to determine.

8.4.1.2 Reliability of the evaluation instrument

In the absence of a validated outcome measurement system designed to assess the responses of adult practitioners within musical interactions with children with complex needs, a new evaluation instrument was developed for the research based on Winnicott's theories of holding (1960) and play (1971) (Chapter 4).

Results from Belarusian and UK music therapist participants showed that, while necessarily unable to evidence every nuance of the interaction between adult and child, the evaluation instrument was largely effective in demonstrating concrete changes in how staff participants observed, listened to, understood and were able to be playful with children with complex needs (Chapter 7). Qualitative data corresponding to quantitative ratings of video examples from both Belarusian and UK participants enabled distinctions which were not possible in the ratings alone.

At the same time, results also highlighted deficits in the evaluation instrument which would need to be addressed were the study to be replicated. For example, feedback in respect of the online study undertaken by UK music therapist participants indicated that the length of time needed for completion resulted in substantively less qualitative data in response to video clips nearer to the end. There were also discrepancies which emerged in some rated elements. Although the pragmatic decision to use the central minute of

the two-minute video clips supplied by Belarusian participants sought to offset UK participant fatigue to a degree, this, in itself, may also present a limitation to the study.

Element 2: The session is structured for the child

Quantitative results returned by UK participants were very similar pre-and post-intervention, with just a four per cent difference in higher value scores (1, 2). In corresponding qualitative data, most reported that assessing the session structure from a short video clip without prior knowledge of the child was unfeasible. This suggests that this element would need to be modified in a future incarnation.

Element 3: Behavioural boundaries

Quantitative results returned by UK participants pre- and post- intervention showed a relatively small positive difference of twelve per cent in higher value scores (1,2). In comparison with the other rated elements of the evaluation instrument, a larger number of UK participants chose “Don’t Know”. This was supported by corresponding qualitative data in which most participants observed insufficient evidence in a short clip by which to assess the appropriateness of behavioural boundaries. Were the study to be repeated, this element would need to be reviewed in view of the length of video clips provided.

Element 5: Listening and observing closely

Qualitative results returned by both Belarusian and UK participants suggested that the

assessment of both listening and observation skills in the same rated element was unhelpful. Future development of the evaluation instrument would therefore benefit from presenting listening and observation as two separate rated elements.

Element 9: Expanding on the child's ideas using voice or an instrument

This element returned lower quantitative scores, and fewer and more generalised qualitative results from Belarusian participants, relative to the other rated elements. This may have been due to the creative expansion of the child's musical and non-verbal gestures not forming a distinct part of the staff development programme in Phase 2, together with too short a period of sessions with the child in Phase 3 for this aspect of musical interaction to emerge. Were the study to be replicated in its present form, the suggestion would be to remove this element.

8.4.1.3 Ethical issues

A key ethical issue, under the heading of disruption (Chapter 3 pp 95-96), arose during data collection in Phase 4. As detailed in Chapter 6, the emotional impact for some participants of connecting both with their own sensitivity and with the child's needs was significant. During the research, this impact was met by the comprehensive support package (Chapter 5 pp 188-193). Steps to address the researcher's absence and the potential need for ongoing support once the research was complete included recommendation that the Workshop Group continue and the offer of follow-up online supervision. In accordance with the participants' request, one such supervision was

undertaken in September 2015. Further support will be offered in situ at CRC in Phase 5 (dissemination of findings).

8.4.2 External validity

Eleven staff participants were initially selected by the Director of CRC, and the data of 8 participants used in the research (Chapter 3 pp 86-88). From the literature reviewed, and the researcher's previous local experience, it is probable that seeking voluntary participation would have been somewhat arbitrary. The Director would have been likely to have chosen participants based on their ability to positively represent CRC (Denscombe 2008 p. 189, Gilham 2000 p. 81). That there will have been an impact of this method of sampling, together with the small sample size itself on the potential to generalise the findings is probable and difficult to avoid.

In addition, while operating within the Belarusian special education system, Children's Rehabilitation Centre Minsk did not represent a pure sample in terms of Belarusian classroom practitioners working with children with complex needs. As described in Chapter 3 (p. 100), CRC was established in 2006 by Belarusian and UK charities and principles of child-centred practice introduced at the outset. Some, but not all staff participants had also participated in music therapy-based workshops offering initial ideas around the use of sound as communication with the children in 2009. This background may have skewed the results from Belarusian participants to a degree, impeding generalisation of the findings.

8.5 Future research

There are a number of issues arising from this study which indicate areas suitable for further research. Most relevant to the results overall is that, as stated above, the foundation of CRC Minsk is not the same as the majority of Development Centres in Belarus. Future research in a more typical Centre could potentially provide clearer results as to the accessibility, relevance and usefulness of Winnicott's theories of holding (1960) and play (1971) to work with children with complex needs within this sociocultural context.

The compulsory visa required for entry into Belarus is not automatic, but rather is dependent upon approved local invitation. A television interview requested from the researcher for a local news programme in Minsk in December 2014, together with the endorsement of the Minister for Education has suggested that the research has been supported by the Belarusian authorities. This is a positive indicator for future research in Belarus, should a further request from CRC, or from another Development Centre be made. As P1 said: "Of course there is never enough knowledge you get, you always want to get more. So [we] would definitely like to get more of it! We are open to further projects! We are ready to go on!"

In conversation with Dr Logovina, former Dean of Defectology at the National Institute for Further Education in December 2014, the researcher learned of issues facing the contemporary drive for the integration of children with learning disabilities into mainstream education (Varenova 2003). Special educational institutions are closing as a

result. Dr Logovina said that specialists who work with children with learning disabilities in a mainstream school needed to be competent in different areas of defectology; visual, speech and intellectual impediments, so as to be able to meet the needs encountered. This poses a contradiction in that, as described in section 8.2.1.2, specialists are no longer automatically receiving training in all areas of defectology. There is a short course in special education available for mainstream teachers who have children with learning disabilities in their class. However, as Dr Logovina explained:

And there is another problem with integration here, where the teacher in the classroom has children with three different types of disabilities or learning needs, and she has to work with all the three of them with different programmes. No assistant! Can one person do all that? So the teacher doesn't do anything!

An informal conversation in June 2014 at CRC with the Minister for Education endorsed this opinion. At that time, the Minister was engaged with developing legislation around integration. She was very aware of the stress experienced by staff working with children with learning disabilities, created by the gap between government expectations and the reality of not knowing how to communicate with them. The present research could be further developed to meet some of these challenges faced by teachers and defectologists working with children with learning disabilities in mainstream classrooms, supporting the development of relationships and, consequently, the integration process.

This scope of this study did not afford opportunity to examine each Belarusian participant's process in detail, nor to formally evaluate outcomes for the children involved. Both areas would benefit from further research.

Stage 1 qualitative results showed that the focus on natural processes of mother-infant interaction implicit in Winnicott's theories of the holding environment (1960) and play (1971) resonated with Belarusian participants and did not conflict with current classroom practice. The argument is that these theoretical principles are not, of themselves, culture-specific, but that adaptation in the delivery of the research is needed according to sociocultural context. As described in Chapter 1 (pp 18-21), Winnicott's writings have continued to inform clinical practice and research of music therapists of different training backgrounds (Levinge 2015, Annesley 2014, Haire and Oldfield 2009, Tyler 2003, Sutton 2002). Therefore, the potential may exist for the research to be replicated by music therapists in UK special schools to support staff teams working with children with complex needs.

A summary of the findings of this study and their corresponding implications form the conclusion to the research in Chapter 9.

9. Chapter Nine: Conclusion

9.1 Conclusion

The first aim of this research was to explore the principal meeting points and tensions, for practitioners at Children's Rehabilitation Centre Minsk, between Winnicott's theories of the holding environment (1960) and play (1971), and current classroom practice with children with complex needs based on Vygotsky's theory of defectology (1993b). The research found similarities that included a humane regard for the uniqueness of the child, a focus on potential rather than limitations, an emphasis on the maximisation of positive change, and the implementation of individualised approaches according to need. Key differences arose principally in respect of the theoretical orientation by which such need might be understood.

Chapter 8 revealed the extent to which Vygotsky's theories of defectology were largely rejected by the Soviet regime owing to discrepancy with contemporary ideology. Soviet special education prioritised medical and pedagogical approaches which focused on the child's problems, and in which the child's emotional world and individuality were not considered. The literature reviewed suggests that this way of working with children with complex needs has mainly continued in Belarusian Development Centres, in which the child's "deficits" are viewed in terms of pathology. CRC staff participants described similar approaches to working with the children in qualitative data (Chapter 6 pp 221-223).

Vygotsky (1993a) and Winnicott (1960) agree, in principle, on the potential for secondary impairment to result from psychological deprivation, and that understanding of this phenomena on the part of the adult contributes to the emotional and social experience of the child. For Vygotsky, secondary impairment resulted from the child's social dislocation, while Winnicott ascribed such an outcome to difficulties in the caregiver-infant relationship, which are often experienced by children with complex needs and their parents.

The research further suggests that Vygotsky's theories of the zone of proximal development (1993b) and Winnicott's theories of the holding environment (1960) and play (1971) may be viewed as sequential. Where an empathic relationship develops between teacher and pupil, based on an understanding of the child's behaviour as communication of his or her emotional state, then a potential space for play may develop. The teacher may then become able to engage with the pupil in dialogic or scaffolded learning (Chapter 8 p. 330).

The second aim of the study was to investigate whether and in what ways CRC staff participants were able to assimilate Winnicott's theories and the usefulness of these theories in supporting classroom-based work with children with complex needs. Chapter 8 (pp 348-353) discusses ways in which a safe, 'held' learning environment was created for all participants through a combination of the researcher's stance (John 2009 p. 87), supported by positive working relationships with research assistant and translator, and the structure, boundaries, delivery, content and support package of the fieldwork

(Chapter 5). These elements together facilitated a potential space for staff participants and children within which playfulness could develop.

Responding to a locally identified need and request for support from CRC, the research was broadly warmly welcomed. Staff participants were open to exploring Winnicott's theories of the holding environment (1960) and play (1971) in the service of improving relationships with children who were experienced as 'hard to reach'. The research indicated positive developments in how staff were able to perceive, think about and relate to children with complex needs, both in music sessions and in the classroom. Based on natural human processes of mother-infant interaction, Winnicott's theories appeared to support the adults to identify with the children in their care.

The newly-created evaluation instrument provided measurable evidence for the assimilation of concrete skills by Belarusian participants, provided by self-assessment and evaluation by UK music therapists. This showed CRC staff participants' evolving capacity for adaptation to the children (Chapter 7).

Thirdly, the research explored perceived changes in relationships between staff and children arising from this experience. The research showed that learning and experience within the framework of Winnicott's theories of the holding environment and play positively influenced the development of relationships between participating CRC classroom practitioners and children with complex needs. The experience of holding within the learning process enabled staff participants to create thinking space for the children, and to value and use themselves as instruments in the work. Each adult

increased her capacity to reflect on, rather than to react to the child's behaviours as communication, trust between adult and child developed and genuine enjoyment in shared play emerged. Subsequent positive progress in the children's engagement in the classroom was also reported.

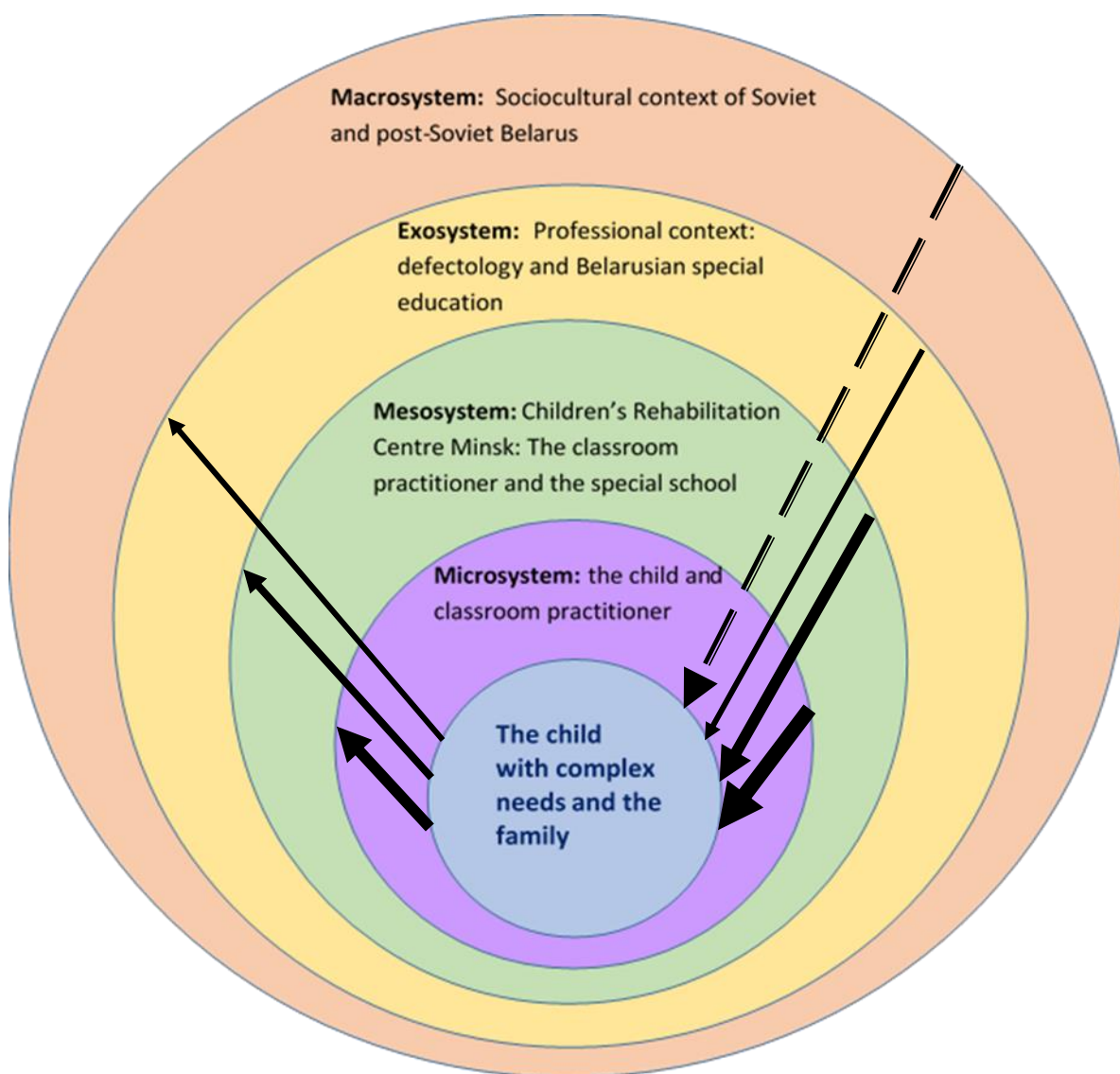
Edwards (2011a) states that music therapy can empower caregivers to re-discover their capacity for play, and to play musically (p. 191). The research showed that the non-verbal medium of music supported CRC staff participants to establish effective communication with the children, and to find ways of getting to know them. As the children felt more secure with the adults, they were increasingly able to allow this.

The study offered participants opportunity to experience a different way of working with children with complex needs, to explore their creativity and playfulness, and to have autonomy in relation to ways in which their learning might be applied. Participants became able to engage with supervision as a space for thinking about their work, and to replace an expectation of criticism with an acceptance of support. Structured spaces and mechanisms for reflection supported participants to process emotional responses to learning, which enabled them to make positive changes in their responses to the children. This enabled conscious awareness of concrete skills, which showed evidence of improvement. The interviews too offered a confidential space within which challenges encountered in working with the children could be discussed, and progress celebrated.

Figure 9:1 is a further adaptation of Bronfenbrenner's ecological systems theory model (Bronfenbrenner and Evans 2000), as proposed in figure 2:1 (Chapter 2 p. 34). In the

example below, the overall sociohistorical and sociocultural context continues to permeate each system and the strongest influence for the child necessarily comes from the classroom practitioner at CRC. However, the research suggests a realistic degree of change in children's positive influence on the adults, who have developed capacity to identify with and adapt to their individual needs in the classroom.

Figure 9:1 Ecological systems theory model 2: CRC Minsk



The development of playfulness and enjoyment in relationships between adults and children, together with the stronger sense of teamwork in the staff group, has had a positive impact on the overall dynamic at CRC. As the Director summarised: “Life in the Centre has become more lively. And they do feel like a team because of the Work(shop) Group.” In addition, CRC provides training for other Development Centres and placements for student defectologists in Minsk and the knowledge, skills and experience gained during the research are being shared within the local professional context.

To the best of the researcher’s knowledge, this is a new field of research with this population in Belarus. While there is a dearth of published studies, music therapy-based skills sharing projects with staff teams in the UK and overseas are increasing, as evidenced by a number of papers on this topic presented at the 15th World Congress of Music Therapy in Japan in July 2017³². There is a paucity of literature in English about everyday life in Belarus, and even less concerning work with children with complex needs there. This study has afforded the researcher a fascinating insight into aspects of the post-Soviet sociocultural context, and has challenged pre-conceptions of working with local classroom practitioners based on professional experience in the UK. Although threats to the validity of the study from bias and the purposive method of sampling were ameliorated as far as possible, it was impossible to remove these entirely. However, the research outcomes suggest that the study made a significant difference to the experience of staff and child participants at CRC.

³² <http://www.wcmt2017.com/ja/timetable-book/pdf/abstracts.pdf> accessed 31st October 2017

The mixed-methods approach allowed for a detailed exploration of factors influencing classroom practitioners' process in assimilating a different way of building relationships with children with complex needs in the real-world context of a Belarusian special school. Mixed-methods approaches emphasise the "reality of and influence of the inner world of human experience in action" and that knowledge is socially constructed within the real world (Johnson and Onwuegbuzie 2004 p. 18). Mixed methods also enabled the researcher to explore the convergence and divergence of quantitative and qualitative findings, the effectiveness of the specifically designed evaluation instrument and the suitability of a newly-created development programme with a particular group of participants – how and why it was applied, as well as to what extent it was accessible, applicable and relevant to their work in the classroom. As set out in Chapter 5, every effort was made to ensure that procedures and ideas for conducting individual music sessions with a child with complex needs were explained in detail, and summarised in the translated training manual provided.

Evolving from the staff development programme written for this research, a training programme for special education staff, in the UK as well as overseas seeking to improve relationships with children with complex needs and so enhance potential educational outcomes could be created. The study has highlighted factors to be considered in designing new training programmes, including the need for such programmes to be delivered by two music therapists to 'hold' the process of change, the necessity of attending the whole programme in order to effectively engage with that process, and the importance of time and space to allow experience to inform theoretical knowledge.

In conclusion, the researcher believes that this research study has contributed to knowledge in a number of ways. Firstly, it has shown that Winnicott's theories of the holding environment (1960) and play (1971) are accessible, relevant and applicable to Belarusian classroom practitioners working with children with complex needs at Children's Rehabilitation Centre, Minsk. The principal reason cited was the basis of these theories in the natural human processes of 'good enough' caregiver-infant interaction.

As detailed in Chapter 3, Bridges (2009) debates whether it is truly impossible for a researcher to understand the experiences of people rooted in a radically different life experience. He substantiates this thinking by suggesting aspects of shared humanity which are not culture-specific. The research proposes that these may include the importance of a 'good-enough' maternal holding environment, playfulness, and music. The use of music as a non-verbal communicative medium was shown to be accessible to all participants and to be effective in supporting interaction with children with complex needs.

Secondly, therefore, the study indicates that Winnicott's theoretical framework of mother-infant interaction may have applicability beyond the specific sociocultural context of Belarus. Furthermore, it has shown that how this material is communicated must take sensitive account of the sociocultural lens through which it is received. This is particularly so when all aspects of that communication are translated between languages.

Thirdly, the study has highlighted the need for participants to be supported to maintain two levels of awareness in their work – the process involved in becoming able to identify

with the child, including changes in how that child is perceived, understood and approached, and adaptation to the child through the development of concrete skills. As these two strands together form the basis of Winnicott's theory of holding (1960), so they are both needed to maximise development in the relationship between child and adult.

Fourthly, as set out in Chapter 8, the research has shown that the provision of a safe, 'held' learning experience may be offered by psychodynamically-informed music therapists. While not seeking to offer therapy to the participant group, psychodynamic knowledge and understanding of the impact of collective trauma, the dynamics of institutions supporting vulnerable people, and the particular challenges of working musically with children with complex needs can nonetheless be utilised to 'hold' the group in the interests of learning, and to support the development of relationships between adult and child participants.

Fifthly, to the best of the researcher's knowledge, this research has generated the first evaluation instrument specifically designed to measure changes in an *adult's* approach to understanding and relating to a child with complex needs within a musical interaction, supported by the framework of Winnicott's theories of the holding environment (1960) and play (1971), as understood and practised in psychodynamic music therapy. This is a timely development in line with current requirements, from UK local authorities and Care Commissioning Groups, for the music therapy profession to provide evidence-based practice.

It is recognised that both the challenges of working with this population in Belarus, and the constrained resources of student research place unavoidable limits upon this research. However, it is hoped that its positive outcomes, clearly explained methodology and procedure, discussion of strengths and weaknesses and the interest of work in a new sociocultural environment will contribute to and inform further research in music therapy-based skills-sharing work within special education in the UK and overseas.

References

- Adams J, S Dudenhöffer, M Claus, R Kimbel, S Letzel and D.-M Rose (2016) 'Coping patterns in special school staff: demographic and organisational factors' In *Occupational Medicine*. 66 pp 138-142
- Aigen K (2008) 'An analysis of qualitative music therapy research reports 1987–2006: Articles and book chapters' *The Arts in Psychotherapy*. 35 pp 251-261
- Aigen, K (2000) 'The Relationship between the Researcher and the Researched: Three examples from Creative Music Therapy' In Robarts, J (ed). *Music Therapy Research: Growing Perspectives in Theory And Practice*. Vol 1 British Society for Music Therapy Publications pp 19-33
- Alderdice Lord J (2007) 'The individual, the group, and the psychology of terrorism' In *International Journal of Psychiatry*. 19:3 pp 201-9
- Al-Yagon M (2015) 'Fathers and mothers of children with learning disabilities: Links between emotional and coping resources' In *Learning Disability Quarterly*. 38:2 pp 112-128
- Annesley L (2014) 'The Music Therapist in School as Outsider' In *British Journal of Music Therapy*. 28:2 pp 36-43
- Antoniadou V (2011) 'Virtual collaboration, "perezhivanie" and teacher learning: A socio-cultural-historical perspective' In *Bellaterra Journal of Teaching and Learning Language and Literature*. 4:3 pp 53-70
- Arthur A (1999) 'Using staff consultation to facilitate the emotional development of adults with learning disabilities' In *British Journal of Learning Disabilities*. 27 pp 93-98
- Bell D (1998) 'External injury and the internal world' In C Garland (Ed) *Understanding Trauma*. London: Karnac pp 167-180
- Benjamin J (2004) 'Beyond doer and done to: An intersubjective view of thirdness' In *The Psychoanalytic Quarterly*. 73:1 pp 5-46
- Bennet B (2011) 'Belarus on the eve of independence' In B Bennet *The Last Dictatorship in Europe: Belarus under Lukashenko*. London: Hurst Publishers pp 1-9
- Bergeson T and S E Trehub (1999) 'Mothers' singing to infants and preschool children' In *Infant Behaviour and Development*. 22:1 pp 51-64
- Bergeson T R and S E Trehub (2007) 'Signature tunes in mothers' speech to infants' In *Infant Behaviour and Development*. 30 pp 648-654
- Bicknell J D (1983) 'The Psychopathology of Handicap' In *British Journal of Medical Psychology*. 56:2 pp 167-178
- Bird C M (2005) 'How I stopped dreading and learned to love transcription' In *Qualitative Inquiry*. 11:2 pp 226-248

- Bishop C D, P A Snyder, and R E Crow (2015) 'Impact of video self-monitoring with graduated training on implementation of embedded instructional learning trials' In *Topics in Early Childhood Special Education*. 35:3 pp 170-182
- Blackman N (2003) 'Disability and society's death wish' In N Blackman *Loss and Learning Disability*. London: Worth Publishing Ltd pp 20-34
- Bonde L O (2015) 'Using mixed methods in music therapy health care research: Reflections on the relationship between the research question, design and methods in the research project Receptive Music Therapy With Female Cancer Patients in Rehabilitation' In *Voices: A World Forum for Music Therapy* 15:2 Retrieved from: <https://voices.no/index.php/voices/article/view/738/688> 20th March 2018
- Bøttcher L and J Dammeyer (2012) 'Disability as a dialectical concept: building on Vygotsky's defectology' In *European Journal of Special Needs*. 27:4 pp 433-446
- Bradt J (2015) 'Guidelines for publishing mixed methods research studies in the Nordic Journal of Music Therapy' In *Nordic Journal of Music Therapy*. 24:4 pp 291-295
- Bradt J, D.S Burns and J W Creswell (2013) 'Mixed methods research in music therapy research' In *Journal of Music Therapy*. 50:2 pp 123-148
- Bradt J (1997) 'Ethical Issues in Multicultural Counselling: Implications for the Field of Music Therapy' In *The Arts in Psychotherapy*. 24:2 pp 137-143
- Braun V and V Clarke (2006) 'Using thematic analysis in psychology' In *Qualitative Research in Psychology*. 3:2 pp77-101
- Bridges D (2009) 'Education and the possibility of outsider understanding' In *Ethics and Education*. 4:2 pp 105-123
- Bridges D (2001) 'The ethics of outsider research' In *Journal of Philosophy of Education*. 35:3 pp 371-386
- British Association of Music Therapists (2011) *Code of ethics*.
- British Psychological Society (2009) *Code of Human Research Ethics*.
- Broberg M (2011) 'Expectations of and reactions to disability and normality experienced by parents of intellectual disability in Sweden' In *Child Care, Health and Development*. 37:3 pp 410-417
- Bronfenbrenner U and G W Evans (2000) 'Developmental science in the 21st century: Emerging theoretical models, research designs and empirical findings' In *Social Development*. 9 pp 115-125
- Brunsting N C, A Srekovic and K L Lane (2014) 'Special education teacher burnout: A synthesis of research from 1979 to 2013' In *Education and Treatment of Children*. 37:4 pp 681-712
- Bunt L and S Hoskyns (2002) *The Handbook of Music Therapy*. Routledge

- Cooley E and P Yovanoff (1996) 'Supporting professionals-at-risk: Evaluating interventions to reduce burnout and improve retention of special educators' In *Exceptional Children*. 62:4 pp 336-355
- Coombes (2011) 'Project Bethlehem – Training Educators and Health Workers in the Therapeutic use of Music in the West bank' In *Voices: A World Forum for Music Therapy*. 11:1
- Corke M (2002) *Approaches to Communication Through Music*. London: David Fulton Publishers
- Coseo A (1997) 'Developing Cultural Awareness for Creative Arts Therapists' In *The Arts in Psychotherapy*. 24:2 pp 145-157
- Crabtree C, C J Fariss, and P Schuler (2016) 'The presidential election in Belarus, October 2015' In *Electoral Studies*. 42 pp 304-307
- Creswell J R (2015) *A Concise Introduction to Mixed Methods Research*. London: SAGE
- Cripps C, G Tsiris and N Spiro (Eds.) (2016) *Outcome measures in music therapy: A resource developed by the Nordoff Robbins research team*. London: Nordoff Robbins
Retrieved from www.nordoff-robbins.org.uk Accessed 2nd June 2016
- Cross W E and W E Jr Cross (2017) 'Ecological Factors in Human Development' In *Child Development*. 88:3 pp 767-770
- Daniels H and Hedegaard M (2011) *Vygotsky and Special Needs Education: Rethinking support for children and schools*. London: Continuum
- Daniels H (1993) 'Vygotskian Theory and Special Education in Russia' in *Educational Studies*. 19:1 pp 79-90
- Daniels H (2001) *Vygotsky and Pedagogy*. London: Routledge Falmer
- Das J P (1995) 'Some Thoughts on Two Aspects of Vygotsky's Work' In *Educational Psychologist*. 30:2 pp 93-97
- Davis M and D Wallbridge (1981) *Boundary and Space: An Introduction to the Work of D W Winnicott*. London: Routledge
- Denscombe M (2007) *The Good Research Guide for Small Scale Social Research Projects*. Open University Press
- Diamond M A (2007) 'Organizational change and the analytic third: Locating and attending to unconscious organizational dynamics' In *Psychoanalysis, Culture and Society*. 12 pp 142-16
- Dissanayake E (2001) 'An ethological view of music and its relevance to music therapy' In *Nordic Journal of Music Therapy*. 10:2 pp 159-175
- Ditchfield H (1992) 'The birth of a child with a mental handicap: Coping with loss?' In A Waitman and S Conboy-Hill (eds) *Psychotherapy and Mental Handicap*. London: SAGE pp 9-23

- Edwards J (2011a) 'Music therapy and parent-infant bonding' In J Edwards (Ed) *Music Therapy and Parent-Infant Bonding*. Oxford University Press pp 5-21
- Edwards J (2011b) 'The use of music therapy to promote attachment between parents and infants' In *The Arts in Psychotherapy*. 38 pp 190-19
- de l'Etoile (2015) 'Self-regulation and infant directed singing in infants with Down syndrome' In *Journal of Music Therapy*. 52:2 pp 195-220
- de l'Etoile (2001) 'An in-service training program in music for child-care personnel working with infants and toddlers' In *Journal of Research in Music Education*. 49:1 pp 6-15
- Farber B (2000) 'Treatment strategies for different types of teacher burnout' In *Journal of Clinical Psychology*. 56:5 pp 675-689
- Fenton A and L McFarland-Piazza (2014) 'Supporting early childhood preservice teachers in their work with children and families with complex needs: A Strengths Approach' In *Journal of Early Childhood. Teacher Education* 35 pp 22-38
- Figs O (2007) *The Whisperers: Private Life in Stalin's Russia*. London: Penguin Books
- Fox N and M Rutter (2010) 'Introduction to the special section on the effects of early experience on development' In *Child Development*. 81 pp 23-27
- Garland C (1998) 'The traumatised group' In C Garland (ed) *Understanding Trauma*. London: Karnac pp 183-198
- Gazzola V, L Aziz-Zadeh and C Keysers (2006) 'Empathy and the Somatotopic auditory mirror system in humans' In *Current Biology*. 16:18 pp 1824-1829
- Geddes H (2004) *Attachment in the Classroom: The links between children's early experience, emotional well-being and performance in school*. London: Worth Publishing Ltd.
- Gerner K (2016) 'Belarus: the last European Dictatorship' In *European Legacy* 21:1 pp 95-96
- Gheith J M (2007) "'I never talked": enforced silence, non-narrative memory, and the Gulag' In *Mortality*. 12:2 pp 159-17
- Ghergina S and L Klymenko (2012) 'Why look back? Citizens' attitudes toward the communist regime in Belarus, Russia and Ukraine' In *Problems of Post-Communism*. 58:1 pp 55-65
- Gillham B (2000) *The Research Interview*. London: Continuum
- Gilboa A and E Roginsky (2010) 'Examining the Dyadic Music Therapy Treatment (DUET): the case of a CP child and his mother' In *Nordic Journal of Music Therapy*. 19:2 pp 103-132
- Gilboa A, N Yehuda and D Amir (2009) 'Let's talk about music: A musical-communal project for enhancing communication amongst students of multi-cultural origin' In *Nordic Journal of Music Therapy*. 18:1 pp 3-31

- Gindis B (1999) 'Vygotsky's vision: Re-shaping the practice of special education for the 21st Century' In *Remedial and Special Education*. 20:6 pp 333-340
- Gindis B (1995) 'The Social/Cultural Implication of Disability: Vygotsky's Paradigm for Special Education' In *Educational Psychologist*. 30:2 pp 77-81
- Grahn J (2010) 'Current findings in music neuroscience' Paper presented at The Music Brain Conference *The Musical Brain. Robert Schuman: The Man, the Mind, the Music*. London 2nd-3rd October 2010
- Green A (2011) 'Art and music therapy for trauma survivors' In *Canadian Art Therapy Association Journal* 24:2 pp 14-18
- Greenhalgh P (1994) *Emotional Growth and Learning*. London: Routledge
- Grigorenko E L (1998) 'Russian "Defectology": Anticipating Perestroika in the Field' In *Journal of Learning Disabilities*. 31: 2 pp 193-207
- Grigoriev P, V Shkolnikov, E Andreev, D Jasilionis, D Jdanov, F Meslé, J Vallin (2015) 'Mortality in Belarus, Lithuania, and Russia: divergence in recent trends and possible explanations' In *European Journal of Population*. 26:3 pp 245-274
- Grubrich-Simitis I (1981) 'Extreme traumatization as cumulative trauma – psychoanalytic investigations of the effects of concentration camp experiences on survivors and their children' In *The Psychoanalytic Study of the Child*. 36 pp 415-450
- Gurney J (2011) 'Linking Lives: Communication and connection for people with profound learning disabilities' In *PMLD Link*. 23:31 pp 26-28
- Haase U (2012) 'Thoughts on WFMT's definition of music therapy' In *Nordic Journal of Music Therapy*. 21:2 pp 194-195
- Hadley, S and A Quin (2010) *Interactive Music-Making for Practice: Working with the Under 5s. Competency Framework*. Copyright Greenwich Community Health Services and Music as Therapy International 2010
- Haire N and A Oldfield (2009) 'Adding humour to the music therapist's toolkit: reflections on its role in child psychiatry' In *British Journal of Music Therapy*. 23:1 pp 27-34
- Halton W (2006) 'Some unconscious aspects of institutional life: Contributions from psychoanalysis' In A Obholzer and Roberts V Z (eds) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. London: Routledge pp 11-18
- Hargreaves D J, R MacDonald and D Miell (2011) 'Musical identities mediate musical development' In G McPherson and G Welch (eds) *Oxford Handbook of Music Education*. (in press) Oxford: Oxford University Press pp 12-22
- Harvey C (2017) 'Ethical emotional encounters: Contemplating challenges in psychoanalytically informed research' In *Psychoanalytic Psychotherapy in South Africa*. 25:1 pp 34-64
- Health Professions Council (2016) *The Standards of Conduct, Performance and Ethics*.

- Hedegaard M and S Chaiklin (2011) 'Supporting children and schools: A development and practice-centred approach for professional practice and research' In H Daniels and M Hedegaard (eds) *Vygotsky in Special Education: Re-thinking support for children and schools*. London: Continuum pp 86-107
- Hellbeck J (1996) 'Fashioning the Stalinist soul: The diary of Stepan Podlubnyi' In *Jarbücher für Geschichte Osteuropas*. 44 pp 344-73
- Henderson D and S Gladding (1998) 'The Creative Arts in Counselling: A Multicultural Perspective' In *The Arts in Psychotherapy*. 25:3 pp 183-187
- Holowinsky I Z (1977) 'Training of defectologists and special educators in the Soviet Union' In *Journal of Special Education*. 11:4 pp 469-471
- Ioffe G (2004) 'Understanding Belarus: Economy and Political Landscape' In *Europe Asia Studies*. 56:1 pp 85-118
- Jacobsen S L, C H McKinney and V Holck (2014) 'Effects of a dyadic music therapy intervention on parent-child interaction, parent stress and parent-child relationships in families with emotionally neglected children: A randomised control trial' In *Journal of Music Therapy*. 51:4 pp 310-322
- Jenkinson S (2001) 'Teaching the heart: The emotional value of play' In S Jenkinson *The Genius of Play: Celebrating the Spirit of Childhood*. Stroud. Hawthorne pp 33-56
- Jennings P A and M T Greenberg (2009) 'The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes' In *Review of Educational Research*. 79:1 pp 491-525
- John D (2009) 'Getting better: Some thoughts on the growth of the therapist' In H Odell-Miller and E Richards (eds) *Supervision of Music Therapy*. London: Routledge pp 83-100
- Johnson R B and A Onwuegbuzie (2004) 'Mixed methods research: A research paradigm whose time has come' In *Educational Researcher*. 33:7 pp 14-26
- Jones G and A Stokes (2009) *Online Counselling: A handbook for practitioners*. Basingstoke: Palgrave Macmillan
- Kim J & T Wigram & C Gold (2009) 'Emotional, Motivational and Interpersonal Responsiveness of Children with Autism in Improvisational Music Therapy' In *Autism*. 13 pp 389-409 SAGE
- Klein J (2002) *Our Need for Others and its Roots in Infancy*. Hove, UK and New York: Brunner-Routledge
- Knox J E and C Stevens (1993) 'Vygotsky and Soviet Russian Defectology: An Introduction' In R W Rieber and A S Carton (eds) *The Collected Works of L S Vygotsky Volume 2: The Fundamentals of Defectology (Abnormal Psychology and Learning Disabilities)*. New York and London: Plenum Press pp 1-28

- Knox J E and A Kozulin (1989) 'The Vygotskian tradition in Soviet psychological study of deaf children' In W O McCagg and L Siegelbaum (eds) *The Disabled in the Soviet Union. Past and Present, Theory and Practice*. Pittsburgh Pa: Pittsburgh University Press pp 63-84
- Kohler E, C Keysers, M A Umiltà, L Forgas, V Gallese and G Rizzolatti (2002) 'Hearing sounds, understanding actions: Action representation in mirror neurons' In *Science*. pp 846-848
- Kondrichin S V and D Lester (1998) 'Suicide in Belarus' In *Crisis*. 19:4 pp 167-171
- Konopleva A N and T P Kunstevich (2009) *Special Education System for Children with Special Needs in Belarus*. Minsk V.I.Z.A Group & Unicef
- Kossyvak L, G Jones and K Guldberg (2012) 'The effect of adult interactive style on the spontaneous communication of young children with autism at school' In *British Journal of Special Education*. 39 pp 173-184
- Kubalikova A and A Kacian (2016) 'Twenty-five years of continuing professional development of teachers in the post-communist era in Slovakia: The story of paths not taken' In *Professional Development in Education*. 42:5 pp 836-853
- Kuo B. C. H and A Arcuri (2013) 'Multicultural therapy practicum involving refugees: Description and illustration of a training model' In *The Counselling Psychologist*. 42:7 pp 1021-1052
- Lacey P (2011) 'Listening to Challenging Behaviour' In *PMLD Link*. 23:1 pp 7-9
- Landsman G H (ed) (2009) *Reconstructing Motherhood in the Age of 'Perfect' Babies*. New York: Routledge
- Lange L and U McInerney (2002) 'Bosnia-Herzegovina: A music therapy service in a post-war environment' In Sutton J (Ed) *Music, Music Therapy and Trauma: International Perspectives*. London Jessica Kingsley Publishers pp 153-174
- Leaning B and Watson T (2006) 'From the inside looking out – an Intensive Interaction group for people with profound and multiple learning disabilities' In *British Journal of Learning Disabilities*. 34:2 pp 103-6
- Lenzi M (2002) 'Lost Civilisation: The thorough repression of civil society in Belarus' In *Demokratizatsiya*. 10:3 pp 401-424
- Levinge A (2015) *The Music of Being: Music therapy, Winnicott and the school of object relations*. London: Jessica Kingsley Publishers
- Levinge A (2011) 'The first time ever I saw your face' Music Therapy for depressed mothers and their infants' In J Edwards (Ed) *Music Therapy and Parent-Infant Bonding*. Oxford University Press pp 42-57
- Levinge A (1993) 'Permission to Play' In Payne, H *Handbook of inquiry in the arts therapies: One river, many currents*. London: Jessica Kingsley Publishers pp 218-228

- Lindenfelser K J, C Hense and K McFerran (2012) 'Music therapy in pediatric palliative care: Family centred care to enhance quality of life' In *American Journal of Hospice and Palliative Medicine*. 29:3 pp 219-226
- Lindy J D (2001) 'Legacy of trauma and loss' In J D Lindy and R J Lifton (eds.) *Beyond invisible walls: The psychological legacy of Soviet trauma, East European therapists and their patients*. New York. Taylor and Francis pp 33-50
- Lovas L and M Medich (2006) *Hidden Truths: Music, politics and censorship in Lukashenko's Belarus*. Denmark. Freemuse
- Lukashenko A G (2004) *Address by the President of the Republic of Belarus A G Lukashenko during the visit by Presidents of Belarus, Russia and Ukraine to the State Memorial Complex Khatyn*. Press service of the President of the Republic of Belarus
- Lugovtsova A, T Krasnova and A Torhova (2012) 'Internationalising teacher education: the case of Belarus' In *Prospects*. 42 pp 71-90
- MacKeith J, S Burns and J Lindbeck (2011) *The Music Therapy Outcomes Star: The Outcomes Star for Children in Music Therapy User Guide*. Triangle Consulting Social Enterprise Ltd
- Majoribanks D (2017) 'Under pressure: The relationships of parents who have a child with a learning disability' In *the Way we are Now – The state of the UK's Relationships*. Relate, Relationships Scotland and Mencap
- Malloch Stephen and C Trevarthen (2009) *Communicative Musicality. Exploring the Basis of Human Companionship*. Oxford: Oxford University Press.
- Malloch S 1999 'Mothers and infants and communicative musicality' In *Musicae Scientiae*. 3:1 pp 29-57
- Margetts (2016) 'Talking the Walk. An exploration of approaches to the sharing of Donald Winnicott's theory of holding with classroom practitioners working with children with complex needs in Belarus. Findings of a PhD research project' Poster presentation given at BAMT Conference at University of Strathclyde, Glasgow entitled *Re-Visioning our Voice: Resourcing music therapy for contemporary needs*. 8-10 April 2016.
- Margetts L, E Young and H Wallace (2013) 'A Potential Space: Approaching Outsider Research with classroom practitioners working with children with complex needs in Belarus' In *British Journal of Music Therapy*. 27:2 pp 6-23
- Margetts L (2011) 'Time to Listen: Music therapy with a young man with profound multiple learning disabilities' In *PMLD Link*. pp 6-9
- Marples D R (2012) 'History, memory and the second world war in Belarus' In *Australian Journal of Politics and History*. pp 437-448
- Mawson C (2006) 'Containing anxiety in work with damaged children' in A Obholzer and Roberts V Z (eds) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. London: Routledge pp 67-74

- Meltzoff A (2007) 'The "like me" framework for recognizing and becoming an intentional agent' In *Acta Psychologica*. 124:1 pp 26-43
- Meltzoff A and M K Moore (1989) 'Imitation in newborn infants: Exploring the range of gestures imitated and the underlying mechanisms' In *Developmental Psychology*. 25:6 pp 954-962
- Miles M and A M Huberman (1994) *Qualitative data analysis: an expanded sourcebook*. London: Sage
- Miller M (1998) *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union*. New Haven and London. Yale University Press
- Miloszcz C (1953) 'Man, this enemy' in *The Captive Mind*. London: Penguin Books pp191-222
- Mincu M E (2016) 'Communist education as modernisation strategy? The swings of the globalisation pendulum in Eastern Europe (1947 – 1989) In *History of Education*. 45:3 pp 319-334
- Mollon P (1997) 'Supervision as a Space for Thinking' In: G. Shipton, ed. *Supervision of Psychotherapy and Counselling: Making a Place to Think*. Buckingham: Open University Press pp 24-34
- Moon J (2006) *Learning Journals: A handbook for reflective practice and professional development*. London Routledge
- Moylan D (2006) 'The dangers of contagion. Projective identification processes in institutions' in A Obholzer and Roberts V Z (eds) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. London: Routledge pp 51-59
- McCagg W O (1989) 'The Origins of Defectology' In W O McCagg and L Siegelbaum (eds) *The Disabled in the Soviet Union: Past and Present, Theory and Practice*. pp 39-61 University of Pittsburgh Press
- McConkey R (2006) 'Realising the potential of play for ALL children' In *PMLD Link*. 18:3 pp 8-10
- McFerran K and D Grocke (2007) 'Understanding music therapy experiences through interviewing: A phenomenological microanalysis' In T Wosch and T Wigram (Eds) *Microanalysis in Music Therapy. Methods, Techniques, and Applications for Clinicians, Researchers, Educators and Students*. London: Jessica Kingsley Publishers pp 273-284
- McGreery M (2016) 'Temperament as a behavioural construct: Assessing the classroom environment and student-teacher relationship' In *Intervention in School and Clinic*. 51:4 pp 238-245
- Nind M and D Hewett (2005) *Access to Communication: Developing basic Communication with People who have Severe Learning Difficulties*. Abingdon: David Fulton Publishers

- Newsinger B (2012) *PMLD – If You Listen You Will Hear Us*. Leicester and Leicestershire Partnership Boards
- Nöcker-Ribaupierre M (2011) 'The mother's voice in early childhood: Implications for music therapy' In *British Journal of Music Therapy*. 25:2 pp 6-18
- Nordoff P and C Robbins (2007) 'Scale II. Musical Communicativeness' In *Creative Music Therapy: A Guide to Fostering Clinical Musicianship*. Gilsum New Hampshire, Barcelona Publishers pp 398-413
- O'Gorman S (2006) 'The infant's mother: facilitating an experience of infant-directed singing with mother in mind' In *British Journal of Music Therapy*. 20:1 pp 22-30
- Obholzer A and V Z Roberts (2006) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*. London: Routledge
- Ockelford, A (2008) "Music Moves" In A Ockelford *Music for Children and Young People with Complex Needs*. Oxford University Press pp 113-145
- Oddy N (2011) 'A field of vocal discovery: The workshop' In F Baker and S Uhlig (Eds) *Voicework in Music Therapy: Research and Practice* London. Jessica Kingsley Publishers pp 83-99
- Oldfield A and C Flower (Eds) (2008) *Music Therapy with Children and their Families*. London: Jessica Kingsley Publishers
- Oldfield A (2002) *Joshua and Barry: Music therapy with a Little Boy who has Cerebral Palsy*. Cambridge and Chelmsford. Anglia Ruskin University
- Onwuegbuzie A J (2012) 'Introduction' In *International Journal of Multiple Research Approaches*. 6:3 pp 192-219
- Padhol U M and D R Marples (2011) 'The 2010 Presidential Election in Belarus' In *Problems of Post-Communism*. 58:1 pp 3-16
- Paperno I (2002) 'Personal accounts of the Soviet experience' In *Kritika: Explorations in Russian and Eurasian History*. 3:4 pp 577-610
- Parker S (2007) *The Last Soviet Republic: Alexander Lukashenko's Belarus*. Trafford Publishing
- Pasiali V (2014) 'Music therapy and attachment relationships across the lifespan' In *Nordic Journal of Music Therapy*. 23:3 pp 203-223
- Petch J, W Halford, D Creedy, and J Gamble (2012) 'Couple relationship education at the transition to parenthood: A window of opportunity to reach high-risk couples' In *Family Process*. 51 pp 498-511
- Pethyridge E (2013) 'That's the joy of music! An evaluation of partnership working with a teacher in planning and delivering a music therapy group for three children with autistic spectrum conditions' In *British Journal of Music Therapy*. 27:2 pp 24-8

- Phillips A (2007) *Winnicott*. Penguin Books
- Porges S (2001) 'The polyvagal theory: Phylogenetic substrates of a social nervous system' In *International Journal of Psychophysiology*. 42 pp 123-146
- Provenzi L, E Casini, P de Simone, G Reni, R Borgatti and R Montiroso (2015) 'Mother infant dyadic reparation and individual differences in vagal tone affect 4 – month old infants' social stress regulation' In *Journal of experimental child psychology*. 140 pp 158-170
- Pustulka P and M Slusarczyk (2016) 'Understanding foreign future and deconstructing Polish past: the experiences of schooling under a communist rule recollected by Polish migrants' In *European Education*. 48 pp 220-237
- Quin A (2007) 'Setting Up a Functioning Partnership' In *New Ways of Serving Communities at Home and Abroad: A Resource Pack*. Pub Music as Therapy
- Quin A (2004) 'Transitional Times' In "*Changes*": *Exploring Clinical, Professional and Global Perspectives*. Papers from the BSMT/APMT Annual Conference. London 2004
- Razvodovsky Y E (2007) 'Suicide and Alcohol Psychoses in Belarus 1970 – 2005' In *Crisis*. 28:2 pp 61-66
- Register D (2004) 'Teaching child-care personnel to use music in the classroom: A comparison of workshop training versus on-site modelling' In *Music Therapy Perspectives*. 22:2 pp 109-115
- Richards E (2009) 'Whose handicap? Issues arising in the supervision of trainee music therapists in their first experience of working with adults with learning disabilities' In H Odell – Miller and E Richards (eds) *Supervision of Music Therapy: A theoretical and practical handbook* London. Routledge pp 23-44
- Rickson D J, A Castelino, C Molyneux, H Ridley and E Upjohn-Beatson (2016) 'What evidence? Designing a mixed-methods study to investigate music therapy with children who have autism spectrum disorder (ASD) in New Zealand contexts' In *The Arts in Psychotherapy*. 50 pp 119-125
- Rickson D J (2012) 'Music therapy school consultation: A unique practice' In *Nordic Journal of Music Therapy*. 21:3 pp 268-285
- Rozic P S J (2015) 'The Paranoid State' In *Demokratizatsiya*. 23:1 pp 77-94
- Robson C (2011) *Real World Research*. Chichester: Wiley
- Roehampton University (2011) *Ethics Guidelines*.
<http://www.roehampton.ac.uk/research-and-business-development/services-for-research-and-enterprise-staff/ethics/downloads/index.html> (accessed 4th August 2011).
- Rogers C (1995) *On Becoming a Person: A Therapist's View of Psychotherapy*. London: Constable

- Roman T (2016) “‘Were they any better today?’ Valuing a client’s individual music therapy process within an institution’s expectation of positive progress and predictable outcomes’ In *British Journal of Music Therapy*. 30:1 pp 13-2
- Roth W M (2013) ‘Translation in qualitative social research: The possible impossible’ In *Forum: Qualitative Social Research*. 14:2
- Rutter M, T G O’Connor and the English and Romanian Adoptees (ERA) study team (2004) ‘Are there biological programming effects for psychological development? Findings from a study of Romanian adoptees’ In *Developmental Psychology*. 40:1 pp 81-94
- Salcin-Watts E (2007) ‘Transferring Music Therapy Practice into Non-Western Settings: Cultural Considerations and Reflections’ In *New Ways of Serving Communities at Home and Abroad: A Resource Pack*. London: Music as Therapy International
- Schore (2003) *Affect Dysregulation and Disorders of the Self*. New York: Norton
- Schore A (2001) ‘The effects of early relational trauma on right brain development, affect attunement and infant mental health’ In *Infant Mental Health Journal*. 22 pp 201-269
- Schmidt V and T Shchurko (2014) ‘Children’s rights in post-Soviet countries: The case of Russia and Belarus’ In *International Social Work*. 57:5 pp 447-458
- Schumacher K & C Calvet (2007) “‘The AQR instrument” (Assessment of Quality of Relationship) – An Observation Instrument to Assess Quality of a Relationship’ In: T Wosch and T Wigram (Eds) *Microanalysis in Music Therapy. Methods, Techniques, and Applications for Clinicians, Researchers, Educators and Students*. pp 79-91 London JKP
- Sekeles C (2012) ‘To be afraid of your own shadow: A case analysis’ In Bruscia K E (Ed) *Case Examples of Music Therapy for Event Trauma*. Gilsum NH: Barcelona Publishers pp 24-48
- Setikovska O (2010) *Interactive Music-Making for Practice: Working with the Under 5s*. © Greenwich Community Health Services Music Therapy Service & Music as Therapy International 2010
- Shoemark H and D Grocke (2010) ‘The markers of interplay between the music therapist and the high-risk full-term infant’ In *Journal of Music Therapy*. 48:4 pp 306-334
- Shutova O (2011) ‘Parenting and Childhood in Contemporary Belarus’ In *Journal of Psychohistory*. 39:2 pp 145-52
- Shutova O (1999) “Post-Soviet Belarus: Childhood, Family and Identity” In *The Journal of Psychohistory*. 27:1 pp 8-17
- Sidorenko A (2005) ‘Moral Education in Contemporary Belarus: Return to a Soviet Past?’ In *Journal of Moral Education* 34:4 pp 479-489
- Sieger D J (2003) ‘An interpersonal neurobiology of psychotherapy: The developing mind and the resolution of trauma’ In D J Siegel and M F Solomon (eds) *Healing Trauma: Attachment, Mind, Body and Brain*. London: W W Norton and Company pp 1-56

- Sinason V (1992) *Mental Handicap and the Human Condition: New Approaches from the Tavistock*. London: Free Association Books
- Sinason V & J Stokes (1992) 'Secondary Mental Handicap as a Defence' In A Waitman and S Conboy-Hill (eds) *Psychotherapy and Mental Handicap*. London: SAGE pp 46-58
- Smith J A, P Flowers & M Larkin (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE
- Smyth M (2002) 'Culture and Society: The role of creativity in healing and recovering one's power after victimisation' In J Sutton (Ed) *Music, Music Therapy and Trauma: International Perspectives*. London: Jessica Kingsley Publishers
- Sobey, K and J Woodcock (1999) 'Psychodynamic Music Therapy – Considerations in Training' In A Cattanach (ed) *Process in the Arts Therapies*. London: Jessica Kingsley Publishers pp 132-153
- Sobsey D (2004) 'Marital stability and marital satisfaction in families of children with disabilities: Chicken or egg?' In *Developmental Disabilities Bulletin*. 32:1 pp 62-73
- Sodowsky G R, R C Taffe, T B Gutkin and S L Wise (1994) 'Development of the Multicultural Counselling Inventory: A self-report measure of multicultural competencies' In *Journal of Counselling Psychology*. 41 pp 137-148
- Sroufe L A (1996) *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press
- Steele P (1988) 'Foreword' In *Journal of British Music Therapy*. 2:2 pp 3-4
- Steele P (1991) 'Children's use of music therapy' British Society of Music Therapy Conference Paper pp 21-28
- Stern D (1998) 'The Sense of a Subjective Self: II. Affect Attunement' In *The Interpersonal World of the Infant*. London: Karnac pp 138-161
- Stokes J and V Sinason (1992) 'Secondary mental handicap as a defence' In A Waitman and S Conboy-Hill (eds) *Psychotherapy and mental handicap*. London: SAGE pp 46-58
- Strange J (2012) 'Psychodynamically informed music therapy groups with teenagers with severe special needs in a college setting: Working jointly with teaching assistants' In J Tomlinson, P Derrington and A Oldfield (eds) *Music Therapy in Schools: Working with Children of all Ages in Mainstream and Special Education*. London: Jessica Kingsley Publishers pp 179-194
- Streeter E (1993) *Making Music with the Young Child with Special Needs: A Guide for Parents*. London: Jessica Kingsley Publishers
- Streeter E (1999) 'Finding a balance between psychological thinking and musical awareness in music therapy theory – a psychoanalytic perspective' In *British Journal of Music Therapy*. 13:1 pp 5-20

- Sutton J and J De Backer (2009) 'Music, trauma and silence: The state of the art' In *The Arts in Psychotherapy*. 36 pp 75-83
- Sutton J (2012) 'A flash of the obvious': Music therapy and trauma' In Bruscia K E (Ed.) *Case Examples of Music Therapy for Event Trauma*. Gilsum NH Barcelona Publishers pp 66-76
- Sutton J (2002a) 'Preparing a Potential Space for a Group of Children with Special Needs' In Davies A and E Richards (eds) *Music Therapy and Group Work: Sound Company*. London Jessica Kingsley Publishers pp 188-201
- Sutton J (2002b) 'Trauma: trauma in context' In Sutton J (Ed) *Music, Music Therapy and Trauma: International Perspectives*. London Jessica Kingsley Publishers pp 21-37
- Temple B and A Young (2004) 'Qualitative research and translation dilemmas' In *Qualitative Research*. 4:2 pp 161-178
- Temple B (1997) 'Watch your tongue: Issues in translation and cross-cultural research' In *Sociology*. 31:3 pp 607-618
- Thomson K (2002) 'Differentiating integration: Special education in the Russian Federation' In *European Journal of Special Needs Education*. 17:1 pp 33-47
- Timmerman T (2011) 'Transgenerational Interactions in Music Therapy' In *British Journal of Music Therapy*. 25:1 pp 32-47
- Toerien M and S Wilkinson (2004) 'Exploring the depilation norm: A qualitative questionnaire study of women's hair removal' In *Qualitative Research in Psychology*. 1:1 pp 69-92
- Tomlinson J (2012) 'Music therapy in a special school' In J Tomlinson, P Derrington and A Oldfield (eds) *Music Therapy in Schools: Working with Children of all Ages in Mainstream and Special Education*. London: Jessica Kingsley Publishers pp 103-115
- Torikai K (2010) 'Conference interpreters and their perception of culture: from the narratives of Japanese pioneers' In *Translation and Interpreting Studies*. 5:1 pp 75-93
- Trimble J E and C B Fisher (2006) 'Goodness-of-fit ethics for multicultural research' In *The Handbook of Ethical Research with Ethnocultural Populations and Communities*. SAGE pp 4-28
- Tronick E (2007) *The Neurobehavioural and Socio-emotional Development of Infants and Children*. New York: Norton
- Tuber S (2015) 'Psychological mindedness in the face of a learning disability: The utility of play' In *Journal of Infant, Child and Adolescent Psychotherapy*. 14:3 pp 288-293
- Twomey M and M Shevlin (2017) 'Parenting, autism spectrum disorders and inner journeys' In *Journal of Research in Special Educational Needs* 17:3 pp 157-167

- Twyford K and D Rickson (2013) 'In their element! Student responses to the work of a music therapist in music therapy school consultation' In *Music Therapy Perspectives*. 31 pp 1217-136
- Twyford K (2008) 'Collaborative and transdisciplinary approaches with children' In Twyford K and T Watson (eds) *Integrated Team Working: Music Therapy as part of Transdisciplinary and Collaborative Approaches*. London: Jessica Kingsley Publishers pp 31-90
- Tyler H M (2002) 'Working, Playing and Relating: Issues in Group Music Therapy for Children with Special Needs' In Davies A and E Richards (eds) *Music Therapy and Group Work: Sound Company*. London: Jessica Kingsley Publishers 216-230
- Varenova T (2003) 'The Integration of Disabled Children into Mainstream Education in Belarus' in *International Journal of Therapy and Rehabilitation*. 10:3 pp 395-401
- Vargas-Baron E, U Janson and N Mufel (2009) 'Defectology and Special Education' In *Early Childhood Intervention, Special Education and Inclusion: A focus on Belarus*. UNICEF pp 16-18
- Von Moreau, D and H Ellgring, K Goth, F Poustka and D Aldridge (2009) 'Psychometric Results of the Music Therapy Scale for Measuring Expression and Communication' In *Music and Medicine*. 2:1 pp 41-47
- Vygotsky L S (1925) 'Consciousness as a problem in the psychology of behaviour' In *Vygotsky Internet Archive*
<https://www.marxists.org/archive/vygotsky/works/1925/consciousness.htm> accessed 01/08/2016
- Vygotsky L S (1998) *The Collected Works of L S Vygotsky: Volume 2: Child Psychology*. New York: Plenum Press
- Vygotsky L S (1993a) 'The collective as a factor in the development of the abnormal child' In R W Reiber and A S Carton (Eds) *The Collected Works of L S Vygotsky: Volume 2 The Fundamentals of Defectology (Abnormal Psychology and Learning Disabilities)*. New York and London: Plenum Press pp 29-51
- Vygotsky L S (1993b) 'Bases for Working with Mentally Retarded and Physically Handicapped Children' In R W Reiber and A S Carton (Eds) *The Collected Works of L S Vygotsky: Volume 2 The Fundamentals of Defectology (Abnormal Psychology and Learning Disabilities)*. pp 178-183 New York and London: Plenum Press
- Waddell M (2006) 'Infant observation in Britain: the Tavistock approach' In *International Journal of Psychoanalysis*. 87:4 pp 1103-20
- Walsh Stewart, R (2002a) 'Combined Efforts: Increasing Social-Emotional Communication with Children with Autistic Spectrum Disorder Using Psychodynamic Music Therapy and Division TEACCH Communication Programme' In Davies, A and E Richards (eds) *Music Therapy and Group Work: Sound Company*. London: Jessica Kingsley Publishers pp 164-187

- Walsh Stewart R and D Stewart (2002b) 'See me, hear me, play with me: Working with the trauma of early abandonment and deprivation in music therapy' In J Sutton (Ed) *Music, Music Therapy and Trauma: International Perspectives*. London: Jessica Kingsley Publishers pp 133-152
- Warnock T (2011) 'Voice and the self in improvised music therapy' In *British Journal of Music Therapy*. 25:2 pp 32-47
- Watson D (2014) 'Go-getters and clever little cookies': A summary of a multi-method study on playfulness and children with PMLD. Summary of PhD thesis awarded by University of Bristol (unpublished)
- Watson T (2005) 'Steering a path through change: observations on the process of training' In *British Journal of Music Therapy*. 19:1 pp 9-15
- Watson J and A Fisher (1997) 'Evaluating the Effectiveness of Intensive Interactive Teaching with Pupils with Profound and Complex Learning Difficulties' In *British Journal of Special Education*. 24:2 pp 80-87
- Welch G (2016) 'Visual metaphors for sound in congenitally blind children' Paper presented at Royal Schools of Medicine Conference *Examining the Utility of Music Interventions for Children with Learning Disabilities*. London 28th November 2016
- Wells M (2007) 'Clinical Vignette' In *New Ways of Serving Communities at Home and Abroad: A resource pack*. Published by Music as Therapy pp 38-42
- Wheeler B L and F A Baker (2010) 'Influences of music therapists' world views on work in different countries' In *The Arts in Psychotherapy* 37 pp 215-227
- Wilson S (1991) 'Music Therapy in Education' In *Journal of British Music Therapy*. 5:2 pp 14-17
- Winnicott D W (2005) *Playing and Reality*. Oxon: Routledge Classics
- Winnicott D W (1993) *Talking to Parents*. Cambridge, Massachusetts: Perseus Publishing
- Winnicott D W (1991) *The Child, the Family, and the Outside World*. London: Penguin Books
- Winnicott D W (1990a) *Home is Where We Start From: Essays by a Psychoanalyst*. London: Penguin Books
- Winnicott D W (1990b) *Deprivation and Delinquency*. London Routledge
- Winnicott D W (1974) 'Fear of breakdown' In *The International Review of Psychoanalysis*. 1 pp 103-7
- Winnicott D W (1971) *Playing and Reality*. London: Tavistock Publications Ltd
- Winnicott D W (1963) 'From dependence towards independence in the development of the individual' In Winnicott D W (1990) *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press pp 83-92

Winnicott D W (1962) 'Ego integration in child development' In Winnicott D W (1990) *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press pp 56-63

Winnicott D W (1960) 'The Theory of the Parent-Infant Relationship' In Winnicott D W (1990) *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press pp 37-55

Winnicott D W (1931) 'A note on normality and anxiety' In D W Winnicott (1931) *Clinical notes on disorders of childhood*. London: William Heinemann pp 19-20

Wolf G, M Reinhard, L Cozolino, A Caldwell and J K Asamen (2009) 'Neuropsychiatric Symptoms of Complex Posttraumatic Stress Disorder: A preliminary Minnesota Multiphasic Personality Inventory Scale to identify adult survivors of childhood abuse In *Psychological Trauma: Theory, Research, Practice and Policy*. 1:1 pp 49-64

Zysberg L and D Maskit (2017) 'Teachers' professional development, emotional experiences and burnout' In *Journal of Advances in Education Research*. 2:4 pp 287-300

Appendix A: Back-translation of scale 2 of the evaluation instrument

The Child's Behaviours are Understood and Responded to as Potentially Communicative				
Increasing the Child's sense of Emotional Safety	KC	Components	Adult's Skills	Possible Interpretation of the Adult's Responses
	Personalized physical space	1. Room and instruments prepared for the child in advance	Adult can allow the child to enter when ready. Able to take into consideration the child's individual needs (e.g. visual particularities or particularities in the position he/she takes) when organizing the workspace. The child has safe, instant, unrestricted access to instruments whenever he/she desires.	Special preparation of the room for the child has the potential to demonstrate that he/she was thought about and remembered.
		2. Activity structured around the child	Can structure an exercise bearing in mind the child's individual needs; can take into consideration any sensory characteristics and/or functional motor limitations, child's ability to endure closer contact in view of the types of musical activity offered.	Weekly flexible structuring of activities especially for the child demonstrates that the adult constantly keeps in mind the reaction and needs of the child before and during every activity.
		3. Behavioural boundaries	Can support safe and appropriate behavioural boundaries for the child.	The adult attempts to understand the child's behaviour as a means of communicating and is able to decide accordingly upon boundaries for each activity.
	Wait, listen, watch	4. Waiting for the child to start interacting	Can wait for the child to spontaneously begin interacting of his own accord, with or without the use of music. Adult can endure silence, remaining calm but visible, or can create a suitable musical atmosphere to capture the child's attention and open up possibilities for him/her (e.g. vocalization of sentences to the rhythm of the child's breathing). The adult should consider, without reacting to, the child's possible rejection of the types of activity offered.	The adult absorbs a small part of the child and reacts accordingly, using sound and silence. This approach demonstrates that the adult is constantly thinking about how the child's behaviour manifests itself as a means of communication and is able to reflect, rather than simply reacting.
		5. Listening and careful observation	Able to notice fleeting instants of potential establishment of contact (visual contact, movement, instrumental or/and vocal sounds) and answer using appropriate instrumental and vocal sounds, gestures, movements or looks.	The adult focuses on the child, who remains at the centre of the activity. The adult communicates to the child that they are the leaders in the musical process. This may give the child the impetus to continue establishing interaction with the adult via sound and non-verbal communication.
		6. Timing and tempo of musical reactions	Shows flexible understanding of time and tempo whilst adapting his/her musical reactions to the child's reactions.	Adapting to the child's rhythm allows the child to feel certain that he/she is being listened to and thought about. Timing the exchanges during interaction indicates friendly relations and trust.

Balancing the Child's Emotional Arousal Level

	Imitate/accommodate and adapt	Components	Adult's Skills	Possible Interpretation of the Adult's Responses	
		7. Paying attention and sensitive reactions to all attempts at communication	Able to maintain stable attention. Can recognize and support the child's ability to react to all attempts at communication: looks, movements, instrumental and/or vocal sounds.	Adult communicates to the child that they listen to and think about him/her. Remaining attentive demonstrates to the child a sustained interest in mutual interaction.	
		8. Imitation/ accommodation of musical elements using the voice and or an instrument	Can accommodate the child's sounds and own musical ideas: e.g. in terms of the quality of the sound, timbre, volume, length, form and intensity.	Accommodation/imitation of musical components demonstrates to the child that the adult listens to him, accepts him and is interested in him. The adult can feel the child accepting him more and more and in turn receives a charge of energy from the interaction.	
		9. Encouraging and developing the child's ideas using the voice or an instrument	Able to creatively and flexibly develop the child's ideas, encouraging him/her to further explore possibilities to interact.	Adult and child able to work as a pair during musical interaction; e.g. it becomes more likely that the child will begin to register the adult's ideas in terms of the entire musical phrase.	
	Ability to play	10. Playing together with music	The specialist and child are able to enjoy a creative and flexible musical game together. This can include warmth, an exchange of pieces, experimentation, creativity and challenges.	During interaction an adequate level of emotional safety and equality was attained. The adult and child are ready to begin and sustain a musical game together.	

Appendix B: CRC staff participant consent form for Phase 1

STAFF PARTICIPANT CONSENT FORM: Research Phase 1

2nd – 6th June 2014

Title of MPhil/PhD Research Project:

Exploring Relationships with Children with Complex Needs, using Music as an Interactive Medium for Play

This research aims to support all Novi Dom staff participants in their classroom work through developing relationships with children with complex needs. Exploration of new theoretical and practical ideas around engaging the child in a playful musical interaction will be at the centre of the project.

Research Phase 1

The project will begin with a full presentation of the research process **for all Novi Dom staff**, including what will be involved for participants, and details of the support available throughout. There will then be a **workshop** to reflect on the usefulness of the Introduction to Music Therapy Workshops of 2009 to ongoing practice at Novi Dom; **all staff** will be asked to complete a brief reflective **questionnaire**.

Twelve staff selected in advance by the Director will then be asked to conduct and film ten minutes of musical interaction with a known child with complex needs, seeking to address the question: **"How can I engage this child in a playful musical interaction?"** These films will be self-rated and peer rated using a pre-prepared evaluation tool. Each participant will meet with the researcher to discuss these findings in a **short, recorded interview**. All questionnaires, evaluations and interviews will be completed with the Researcher at Novi Dom, and translated by Galina Swartz.

Researcher Contact Details:

Lisa Margetts MA GRNCM
Department of Psychology, Whitelands College, Roehampton University
Holybourne Avenue
London SW15 4JD
L.Margetts@roehampton.ac.uk
Telephone: +44 0208 392 3423

Consent Statement:

I agree to take part in Phase 1 of this research, **for which I have been given full information**. I am aware that I am free to withdraw at any point without consequence by informing the Director of Novi Dom. I understand that the information I provide will be treated in confidence by the researcher, except where harm is disclosed to myself or to others. I understand that that my identity will be protected in the publication of any findings, and that no personal details will be discussed.

Name

Date

Signature

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Head of Department or the Director of Studies.

Director of Studies Contact Details:

Adam Ockelford PhD ARAM Professor of Music
Department of Education
Rm 135 Queens Building
Southlands College, Roehampton University
Roehampton Lane, London SW15 5SL
Tel: +44 0208 392 3170
A.Ockelford@roehampton.ac.uk

Head of Department Contact Details:

Marilyn Holness OBE, Head Department
Department of Education
Rm ED.007 Cedar Building
Froebel College, Roehampton University
Roehampton Lane, London SW15 5PJ
Tel: +44 0208 3923374
M.Holness@roehampton.ac.uk

Appendix C: Parental consent form for participating children



MPhil/PhD Research Project 2014 Parental consent form

Title of MPhil/PhD Research Project:

Exploring Relationships with Children with Complex Needs, using Music as an Interactive Medium for Play.

Thankyou for taking the time to read this document. Through the Children's Rehabilitation Centre, Minsk, your child is being invited to take part in a PhD research project. These sheets contain information to help you to decide whether or not you wish your child to take part. If, having read this information, there is anything you wish to ask, then please consult the Director of the Centre, who will liaise with the researcher via a translator. Your consent is voluntary, and can be withdrawn at any point during the project without consequence.

The Researcher The research will be organised and undertaken by a PhD research student at University of Roehampton in London, UK. The researcher is also a music therapist of twenty years' experience, and a professional musician.

Brief Description of Research Project

The research aims to support staff at CRC in their classroom work, using music as an interactive medium for play with your child. The participating staff members have already received introductory workshops about using sounds and music as communication in order to build their relationships with the children at the Centre. These workshops took place in 2009. This present project will build on that work. It is not the aim of this project to train staff to do music therapy, nor to involve your child in a music therapy process. Rather, it is hoped that knowledge and practical ideas can be shared to support Centre staff in enhancing their teaching practice. Should consent be given, the aim will be for the project to be stimulating and enjoyable for your child, as well as directly benefiting his or her learning and development.

In Research Phase 1, twelve classroom staff will selected by the Headteacher. One of these staff members, with whom your child will be familiar, will be asked to conduct and film ten minutes of musical interaction with your child. They will be seeking to address the question: **"How can I engage this child in a playful musical interaction?"** The staff member and the researcher will then discuss and rate the film together using a pre-prepared evaluation tool.

In Research Phase 2, classroom staff will receive further training from the researcher. In Research Phase 3, the same member of staff that worked with your child in Phase 1, will then undertake ten weekly individual music sessions with him/her. The sessions will each be of twenty minutes duration, and will take place between September and December 2014 at CRC. This will offer your child the chance to explore new ways of interacting playfully with the staff member using instrumental sounds, his/her vocal sounds, and gestures. The staff member will be fully supported by the researcher in this work.

All individual music sessions with your child in Research Phases 1 and 3 will be filmed using a fixed video camera. Films of the middle part of some of the music sessions will be used to explore how the staff member's learning has helped them to interact musically with your child. All films will be stored on a password-protected computer. Video clips from the films may be used, in the future, as part of professional conference presentations, or for teaching purposes. This material would only show your child in a positive musical interaction with the member of staff. Your child's name, and the name of CRC would not be shown.

All evaluations and interviews will be completed with the Researcher at CRC, and translated by Galina Swartz.

Researcher Contact Details:

Lisa Margetts MA GRNCM
Department of Psychology,
Whitelands College,
Roehampton University
Holybourne Avenue, London SW15 5SL
Tel: +44 0208 392 3423
email: margettl@roehampton.ac.uk

Consent Statement:

I agree that my child may take part in this research, **for which I have been given full information**, and for his/her involvement to be filmed. I agree for these films to be used for the ongoing research process. I am aware that I am free to withdraw my child at any point, without consequence, by contacting the Director of CRC. I understand that the information gained will be treated in confidence by the researcher, except where harm is disclosed, and that no personal details will be discussed. I understand that my child's identity will be protected in the publication of findings, and in the use of video material for professional conference or teaching purposes.

Parent's Name

Date

Signature

Please note: if you have a concern about any aspect of your child's participation or any other queries please raise this with the researcher. However if you would like to contact an independent party please contact the Head of Department or the Director of Studies for this MPhil/PhD research.

Director of Studies Contact Details:

Adam Ockelford PhD ARAM Professor of Music
Department of Education
Rm 135 Queens Building
Southlands College, Roehampton University
Roehampton Lane, London SW15 5SL
Tel: +44 0208 392 3170
A.Ockelford@roehampton.ac.uk

Head of Department Contact Details:

Marilyn Holness OBE, Head Department
Department of Education
Rm ED.007 Cedar Building
Froebel College, Roehampton University
Roehampton Lane, London SW15 5PJ
Tel: +44 0208 3923374
M.Holness@roehampton.ac.uk

Appendix D: Example of an outline of sessions for day 2 of Phase 2:2 fieldwork at CRC.

Day 2	Staff and Children	Session Content	Session Summary
Tuesday 23 rd September 2014	<p>AM 12 STAFF PARTICIPANTS AND CHILDREN AS AVAILABLE.</p> <p>PM 12 STAFF PARTICIPANTS</p>	<p>Reading material: Winnicott DW (1960) 'Saying No' In DW Winnicott (1993) <i>Talking to parents</i> Perseus publishing pp21 - 39</p> <p>AM 9.30am Boundaries and Structure Maintaining the environment, protecting from impingements, going on being, good enough. Continuing to think about behaviour as communication. Illustrated with examples from the music therapy literature.</p> <p>10.30am Practical Workshop with children</p> <p>11.45am Video Observation: Points 1 – 3 of evaluation tool. Thinking about setting up the room, structuring the session, behavioural boundaries. How does this relate to learning about Winnicott?</p> <p>PM 1.30pm WORKSHOP GROUP: Two child participants in this project to think about together. Discussion and musical role-play. 2.30pm – 3.30pm Musical activities Creating a safe and accessible environment for your sessions. Exploring simple musical structures. 3.30pm – 4.00pm Plenary</p>	<p>Throughout the week we will include time for checking understanding re translation.</p> <p>AM Thinking about the different elements which combine to create a safe, private environment for these particular sessions. This will include how to arrange a room, getting creative with the instruments, maintaining session boundaries, and responding to behaviour as communication within safe limits. We will approach these ideas from both theoretical and musical perspectives, using Winnicott's theory of the holding environment as a framework. We will aim to take our learning to date forward into the use of musical interaction with the children</p> <p>Building observation skills. Relating observation to learning about Winnicott's theories of the holding environment and play.</p> <p>PM We will be using this time to think about the needs of the children with whom you will be working. As far as possible, we will consider at least two children each day. We will continue to explore our own playfulness in music, and to build confidence in using our voices. There will be space for reflection, for questions and to raise any anxieties.</p>

Appendix E: Interview Schedule Phase 1 (pre-intervention)

MPhil/PhD Research Project Phase 1 June 2014

Interview Schedule

Interview questions will be translated in advance in consultation with the translator in order to minimise misinterpretation and misunderstanding.

Thank you for taking part in Phase 1 of this research! This is just the first stage of the overall process. You have undertaken ten minutes of music with a child you know with complex needs. We are now going to reflect a little further on this experience. We will guide our discussion with some simple questions, to which there are no right or wrong answers.

1. Firstly, can you tell me a little more about your role here at the Children's Rehabilitation Centre and your work with (child's name)?
2. It can feel awkward to be with a child you know in a different way, at least at first. Did you find it easy or difficult to use music to play with (name)?

Prompt: how did you feel at the beginning of the session? What made you choose a particular instrument?
3. What did you see in (name's) response to you and to the music?

Prompt: was (name) looking at you/passive/active/avoiding you/appearing to want to engage?

4. Did you see (name) do anything unusual?

Prompt: did (name) do anything that s/he might not usually do or that you have never seen before?

5. Was there a moment that was particularly striking or memorable?

6. Why do you think this happened?

Prompt: what did you see (name) do? What did you hear? What did you feel?

7. Did you feel (name) could play with you?

Prompt: what did you see that made you feel this?

8. What do you think about using play with the children of Novi Dom?

9. What do you think you will need to know next?

Prompt: What do you think (name) would need in order to be able to play (more freely?)

Appendix F: Interview Schedule Phase 4 (post-intervention)

MPhil/PhD Research Project Phase 4 December 2014

Exploring Relationships with Children with Complex Needs, using Music as an Interactive Medium for Play

Interview questions will be translated in advance in consultation with the translator in order to minimise misinterpretation and misunderstanding.

Thank you for taking part in Phase 4 of this research! This is the final stage of our research project. We are now going to reflect further on your experience of working with (name) in individual music sessions during research Phase 3. We will be dividing our discussion into three areas.

4. Your observations, responses and experiences during the work you have undertaken with (name) in your individual music sessions together.
5. Whether, and, if so, in what ways you feel that these observations, responses and experiences relate to your learning about Donald Winnicott's theories of the holding environment and playfulness.
6. Your experience of any meeting points and the tensions between your learning during this project and your own classroom practice with children with complex needs.

Interview Schedule

Research area 1: Your observations, responses and experiences during your work with (name) in your individual music sessions together. What have you seen, heard and felt while playing music with (name)?

To guide this first area of reflection, we are going to think about the two ratings you have completed using your Phase 1 video, and a two-minute extract from the Phase 3 video you have chosen.

Prompt: Use Ratings from Phase 1 and Phase 3 as comparison

- What, if any, particular differences did you notice between the video clip from Phase 1 and the video clip from Phase 3?

Sub-prompts:

- **In how you were relating to the child**
- **In how the child was relating to you**
- What do you think you were doing differently which contributed to these changes in the Phase 3 clip as compared to that of Phase 1?

Prompt: Watch video clip here.

- What, for you, is particularly striking or memorable about the clip that you have chosen from your Phase 3 sessions with (name)?

Sub-prompts:

- **What you were doing:** in terms of the music you are playing/interpersonal contact/attunement?
- **What the child was doing:** any striking changes?
- **How you were together:** Were you able to laugh/be playful together? Why do you think this was?
- **How you felt during this clip:** Your feeling response/increase or decrease in tension between you.
- The impact of this moment on the ongoing work?

Prompt:

- Do you feel that there have been changes in your relationship with (name) during this period of music sessions? If so, in what ways?
- Can you identify anything particular that has affected this change?

Sub-prompts:

- In the music sessions themselves?
- In the classroom?

Research Area 2: Whether, and, if so, *how* you feel that these observations, responses and experiences relate to your learning about Donald Winnicott's theories of the holding environment and playfulness.

Prompt:

- Do you feel that the developments we have discussed today reflect your learning about Winnicott's theories of the holding environment and play? If so, in what ways?

Sub-prompts:

- The importance of good enough mother-infant interaction in supporting emotional well-being.
- Behaviour as communication of emotional need?
- Watching, waiting and listening?
- Focused attention
- Possible impact of being able to attune to the child from a position of different understanding?

Prompts:

- How easy or difficult have you found it to assimilate and use Winnicott's theories of the holding environment and play in your music sessions with (name)? Can you give an example?
- Can you say something about the impact, if any, of your experience in the Workshop Group on your work with (name) during this project?

Research Area 3: Meeting points and the tensions between your learning, during this project, about Winnicott's theories of the holding environment and play and your own classroom practice with children with complex needs.

Prompt:

- Do you feel that your learning during this project has translated into your work in the classroom? If so, in what ways?

Sub-prompts:

- Any differences in how you feel about using your voice and/or musical instruments?
- How you feel about using play with the children?
- Any differences you may have observed in the children in the classroom?

Prompt:

- Have there been any points of conflict and/or challenge between what you have learned and your usual classroom practice?

Sub-prompts:

- Focus on process rather than result?
- Staying with silence?
- Doing nothing is doing something?

Prompts:

- What, if anything, would you have liked to have been different about the input during this project?
- Do you have any thoughts about what seeking to use Winnicott's theories of the holding environment and play has required of you as a classroom practitioner?

Concluding question: *Include the piece from the reflective sketchbook in this part of the interview where the interviewee agrees.*

May I finish by asking you to briefly comment on the overall experience of being part of this research project?

Sub-prompts:

- What have you found most challenging?
- What have you found most enjoyable?

Appendix G: Example of thematic coding from Phase 4.

Text Line	Interview text	Coding
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	<p>then later, she said, I actually had to hide the big drum from him, in order to introduce other instruments, and in order to make him interested in the other instruments as well. And, she says, at Stage 3, we actually worked with M leading. So I arranged the environment according to what M suggested.</p> <p>R: Yes. And you can see that difference here. Definitely. And it also looks as if you feel that you became more able to match his playing, and to play how he wanted to play. Do you feel that that became easier?</p> <p>P: Yes, definitely. Me and M we have become great friends thanks to music!</p> <p>R: That's lovely! That's really really nice. Do you think there were changes in how M was relating to you musically?</p> <p>P: Yes. She says, before, M was trying to keep some distance from P. He considered her to be a boss. P said something, he felt obliged to do it, but he would do it from a distance. And after music classes, he started allowing himself to sometimes disregard what P was saying: he started behaving like a normal, regular boy. It's the way the child behaves with someone who is very close to him. This is actually something that we wanted M to achieve.</p> <p>P: And we noticed, that now he is coming to the Centre every morning with willingness and with pleasure. Before, he was sometimes reluctant to go. He would cry, he didn't want to stay. But now he is coming to the Centre with pleasure.</p> <p>R: Right. Why... I mean, I can think why that might be, but why does P think that has happened?</p> <p>P: Probably because we have become friends and he has started trusting me more.</p>	<p>Arranging the instruments for the child. Moving from being more directive with the instruments to allowing the child to lead the arrangement of the room.</p> <p>Change in the relationship and attributing something of this to music. Impact on the child from the participant's change of approach post-intervention. He is moving forward developmentally, and able to test the relationship. The participant is able to understand and support this aspect of the developing relationship. Participant is able to make sense of changes in the child's presentation.</p> <p>Growth of trust between adult and child.</p>

Appendix H: Example of thematic analysis from Phase 4.

RQ 3	Theme	Sub - Theme	Interview Material	Ref
What is the impact of this learning, if any, on the nature of relationships between the staff of CRC and children with complex needs?	Theme 1: Identification	Trust developing in the relationship	<p>“One of the major changes is that now N [C] allows close physical contact. She can come very close to K [A], which she never did before. And K believes that she actually distinguishes her between all the other staff members, and she smiles at her, which she doesn’t do, and she’s not afraid of me [A]. She’s not afraid to take objects from hand to hand, and it is much easier for K to involve her in different types of activities.”</p> <p>“And she says, now I understand that N trusts me, and that this principle of trust, it actually works.”</p> <p>“Practically everything has changed.....And during the last sessions, S started singing together with O. She started vocalising and actually saying something! Words!”</p> <p><i>L: “In taking the work overall, what do you think has happened in order for N to have this person to person relationship with you?”</i></p> <p>“The fact that I attuned to her, the fact that I created the safe environment for her, and the fact that I let her understand that I am listening to her... And that I can speak with her in her language, and that this moment of communication can actually last.”</p> <p>“First of all, its full trust. He[C] started fully trusting her. At the beginning he didn’t know her that well. Trust has been developed. And we started communicating and understanding each other.”</p> <p>“She [A]says, before, M [C] was trying to keep some distance from T [A]. He considered her to be a boss. T said something, he felt obliged to do it, but he would do it from a distance. And after music classes, he started allowing himself to sometimes disregard what T was saying: he started behaving like a normal, regular boy. It’s the way the child behaves with someone who is very close to him. This is actually something that we wanted M to achieve. And we noticed, that now he is coming to the Centre every morning with willingness and with pleasure. Before, he was sometimes reluctant to go. He would cry, he didn’t want to stay ... Probably because we have become friends and he has started trusting me more.”</p> <p>“She says the later sessions, they cannot even be compared with the first one.... Because here, there was a contact between us, we understood each other, and... the output was much more vigorous.”</p> <p>“She [C] has developed her own way of communication with different people. With OT [A], she feels that she can do anything she wants. She’s the boss. She is very respectful to OV [A], and she is almost afraid of the teacher’s assistant who has the lower voice. She [A] is the boss in that situation! She trusts Z [A], and she is very relaxed with Z.”</p>	<p>P9:13-14:269-273</p> <p>P9:19:393-4 P4:2:37-41</p> <p>P9:15:294-7</p> <p>P3:8:154-6</p> <p>P1:2:32-42</p> <p>P3:6:114-7</p> <p>P4:8:164-8</p>

Appendix J: Ethical Information

The research for this project was submitted for ethics consideration under the reference EDU 11/ 022 in the Department of Education and was approved under the procedures of the University of Roehampton's Ethics Committee on 14.05.14.